

Report of

“better workplaces”
Queensland Health

Staff Opinion Survey April 2008



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TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
KEY FINDINGS	4
Key Successes	4
Key Challenges.....	8
CONCLUSIONS	9
RECOMMENDATIONS	10
PURPOSE OF THE SURVEY	13
SURVEY PROCESS	13
SURVEY RESULTS	16
INTERPRETIVE GUIDELINES	16
SECTION A: QPASS MEASURES: INDIVIDUAL OUTCOMES AND ORGANISATIONAL CLIMATE	22
Measures of Individual Outcomes	24
Measures of Organisational Climate.....	29
Results of Individual Outcome and Organisational Climate Measures across Occupation Stream Groups.....	43
SECTION B: MEASURES SPECIFIC TO QUEENSLAND HEALTH INCLUDING TRUST IN LEADERSHIP, ORGANISATIONAL MANAGEMENT PRACTICES, EMPLOYEE ENGAGEMENT, AND ITEM-RESPONSE FREQUENCIES.	53
Trust in Leadership Measures	54
Organisational Management Practices Measures.....	59
Employee Engagement Measure	65
Clinical Work Measures	66
Items relating to Career Intentions.....	71
Item relating to Immediate Supervisor	74
Items relating to Harmful Behaviours.....	75
Items relating to Performance Review.....	81
Items relating to Quality in Workplace	83
SECTION C: RESULTS FROM COMMENTS	85
SECTION D: GENERAL INFORMATION	86
GLOSSARY OF KEY TERMS	91
APPENDIX A	94
DESCRIPTION OF THE SURVEY QUESTIONNAIRE.....	94
APPENDIX B	97
RELIABILITIES OF MEASURES	97
APPENDIX C	98
THE DOMAINS OF COMMENTS IN THE 15 THEMES	98

Executive Summary

In April 2008, staff from six Queensland Health Health Service Districts (HSDs), as well as the Information Division and the Queensland Centre for Mental Health Learning (QCMHL), participated in the “Better Workplaces” Staff Opinion Survey.

The survey consisted of a number of questions requesting biographical data, measures of Individual Outcome and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and several additional measures developed specifically for Queensland Health. For the participating districts and division who were surveyed in earlier rounds, comparative data from surveys conducted between 2005 and 2007 is used where available.

Respondents were also provided with the opportunity to write comments. Section C, Table 8 (pg. 85) presents the frequencies of suggestions and improvements made in the workplace in the last six months. The comments are grouped into 15 main themes. Comments on Workplace Functioning were the most predominant, followed by Infrastructure Issues, and Leadership Skills.

Key Findings

Queensland Health has recorded a marked improvement in its workplace culture for the group surveyed, in the last two years. While only just short of a clean sweep in improvements on all indices, staff clearly recognise the momentum of positive change. As always for any organisation, there is room for further improvement, but this should not cloud the many constructive gains made by staff and management working together. There is a great deal to be proud of in this report, and we encourage Queensland Health to maintain its fruitful efforts in making Queensland Health an even better place to work.

Key Successes

- The overall response rate was 36%, varying between 27% and 74% for the participating health service districts and divisions. This response rate is both sufficient to draw reliable conclusions, and is an improvement from the 31% obtained the last time this group was surveyed in April 2006.

- The combined results for all surveyed districts and divisions indicated:
 - Respondents reported that Individual Distress scores were commendably low, as they were two years ago, and even dropped slightly.
 - Positive change on all Individual Outcome Measures. The greatest improvement was for Quality of Work Life.
 - Positive change on all Organisational Climate Measures. The greatest improvement was in the level of Participative Decision Making.
 - The level of both Peer Support and Role Clarity remained commendably high as they were two years ago.
 - Staff ranked “relationships with co-workers” as the best thing about working in Queensland Health.
 - Staff reported that the challengingly high level of Excessive Work Demands reported two years ago has now dropped to a middling level in the current survey. Given that Excessive Work Demands are a key driver of many other indices, Queensland Health needs to strive for commendable results in this regard. Hence, while the current trend is encouraging ongoing effort to reduce Excessive Work Demands is warranted.
 - Trust in Immediate Supervisors improved to a commendably high level.
 - The level of organisational commitment to Workplace Health and Safety practice remains commendably high, as it was two years ago.
 - The level of Employee Engagement is commendably high.
 - While the quality of Clinical Management Practice improved more than other aspects of Clinical Work Measures, both Multidisciplinary Team Support for Patient Care and Clinical Communication recorded commendably high scores.
 - While there are always employees looking for another job (24.6% in this survey), it is worth noting that the number one reason given by respondents is to seek career development. Indeed, most of these employees (68.5%) said they wanted to continue to work for Queensland Health.

- The results for individual occupational groups also pointed to much improvement (**Note:** these occupational groups are reported in no particular order)
 - **Medical** Officers increased their level of participation in the survey by 35% since 2006. They improved in Role Clarity more than most other occupational groups and improved more than any other occupational group in terms of Quality of Work Life; Individual Morale; Participative Decision Making; Appraisal and Recognition; Goal Congruence; opportunities for Professional Growth; Workplace Morale; and Supervisor Support. In the last two measures, they went from middling results two years ago, to commendable results in the current survey round. Peer Support remained commendably high across the previous two years, and also improved more than any other occupational group. Conversely, Individual Distress remains commendably low across the previous two years, and even dropped more for Medical Officers than for any other occupational group. Finally, respondents reported that both Workplace Distress and Excessive Work Demands dropped more than most other occupational groups, from a challengingly high level two years ago, to a middling level in the current survey.
 - **Administrative** Officers improved more than most other occupational groups on a range of indices: Quality of Work Life; Individual Morale; Workplace Morale; Role Clarity; Appraisal and Recognition; Opportunities for Professional Growth; Goal Congruence; and Supervisor Support. In the last two measures, Administrative Officers moved from a middling score two years ago, to a commendable level. Workplace Distress and Excessive Work Demands both dropped from a challengingly high level two years ago, to a middling level in the current survey. Individual Distress remained commendably low and Peer Support remained commendably high as in their previous survey.
 - **Dental** Officers improved in terms of the level of Participative Decision Making and Appraisal and Recognition more than most other occupational groups. Individual Distress remains commendably low across the previous two years, and even dropped a little. Conversely, Role Clarity and Peer Support remained commendably high across the previous two years, and even improved a little. Staff also report

that Excessive Work Demands dropped from a challengingly high level two years ago to a middling level in the current survey.

- **Health Practitioners** rated commendably high scores for Workplace Morale; the level of Supervisor Support; Role Clarity; and Goal Congruence. Peer Support remained commendably high and Individual Distress remained commendably low across the previous two years, and even improved a little in both cases. Workplace Distress dropped more than most other occupational groups, and Excessive Work Demands dropped from a challengingly high level two years ago to a middling level in the current survey. These results are particularly notable considering the significant change for most Professional and Technical Officers to the Health Practitioner stream.
- **Nurses** improved more than most occupational groups on a range of indices including Quality of Work Life; Individual Morale; Workplace Morale; Supervisor Support; Participative Decision Making; opportunities for Professional Growth; and Goal Congruence. Both Role Clarity and Peer Support remained commendably high across the previous two years, and even improved more than most other occupational groups. Conversely, Individual Distress remained commendably low across the previous two years, and even dropped a little. Lastly, nurses reported that both Workplace Distress and Excessive Work Demands dropped more than most other occupational groups, from a challengingly high level two years ago, to a middling level in the current survey.
- **Operational** staff reported that Individual Distress remained commendably low across the previous two years, and Role Clarity remained commendably high across the same period. In the latter case, a small improvement was also noted.
- **Technical/Trades** staff reported that Peer Support is commendably high, and that Excessive Work Demands dropped from a challengingly high level two years ago to a middling level in the current survey.
- **Indigenous Health** Officers reported that Workplace Morale; opportunities for Professional Growth; and Quality of Work Life remain commendably high across the previous two years. Quality of Work Life improved a little. The level of Supervisor Support is also commendably high. Whilst Individual Morale; Role Clarity; Peer Support; and Goal

Congruence also all remained commendably high from two years ago, they did record a drop in each case. Conversely, Individual Distress remained commendably low across the previous two years, but did go up a little. Finally, staff reported that Workplace Distress and Excessive Work Demands both dropped more than most other occupational groups, from a challengingly high level two years ago, to a middling level in the current survey.

Key Challenges

- The combined results for all surveyed Districts and Divisions indicated that:
 - Support for Managing Others (where staff have supervisory responsibilities) dropped by 1.3 outcome units (OU) over the past two years. This was primarily due to a perceived drop in the level of support offered by Human Resources to manage poor performance. While drops in this regard were recorded in all occupational groups, nowhere was the perceived drop in support more dramatic than for Indigenous Health Officers, where the drop was 19.3 OU. Further, 21.7% of supervisors reported experiencing harmful behaviour (intimidation, harassment, bullying, etc.) from staff they were charged with supervising.
 - 26.8% of staff said they had experienced harmful behaviour (intimidation, harassment, bullying, etc.) in the last six months. While this is down by 4% from two years ago, it is still high. The majority of these incidents originate from their co-workers (41.9%), or supervisors/managers (33.9%). The rest are from patients, clients, visitors and relatives. The incidents associated with co-workers and supervisors were more likely to result in ongoing distress or physical or psychological harm. Conversely, genuine fear for ones personal safety was a more likely result of incidents involving patients, clients, visitors and relatives. Staff reported harmful behaviour in 53% of cases and the top three reasons given for not reporting the incidents were: “expecting no action would be taken”; a preference to “deal with it” themselves; and “fear of victimisation”.
- The results for individual occupational groups also pointed to challenges for two groups (again, note that these occupational groups are reported in no particular order):

- **Technical/Trades** staff reported that Role Clarity; Individual Morale; and Appraisal and Recognition all dropped across the past two years, when most other occupational groups experienced positive change. Conversely, Individual Distress rose from a commendably low level two years ago, to a middling level. Again, this rise was at a time when most other occupational groups experienced positive change. Lastly, the level of Participative Decision Making remained challengingly low across the previous two years. It should be noted that there were only 30 respondents for this group.
- **Indigenous Health** Officers (63 respondents in all) reported that while Individual Distress remained commendably low, it did go up when most other occupational groups went down. While Role Clarity; Individual Morale; Peer Support; and Goal Congruence remained commendably high, all dropped more than most (if not all) other occupational groups. Appraisal and Recognition was commendably high two years ago, but dropped since then to a middling level, again when most other occupational groups experienced positive change.

Conclusions

Some parts of the conclusions of this survey are similar to the surveys of April 2006, September 2006, April 2007, and September 2007, which is not unexpected considering the nature of organisational culture and time required for cultural change.

Queensland Health has committed to monitoring employee attitudes on a regular basis so that trends and issues can be identified before more significant problems arise. This survey was the fifth conducted since April 2006 and marked the beginning of the second state-wide cycle. The response rate of the “Better Workplaces” Staff Opinion Survey April 2008 at 36%, was above the target of 30%.

The results of the “Better Workplaces” Staff Opinion Survey showed improvements on almost every measure. Clearly, the hard work of staff and management both at strategic and operational levels is paying off. There is room for improvement, as there are still challenges, but the consistency of these results points to a concerted

effort across the organisation. All levels of management and staff who participated in this survey should be acknowledged for their sustained effort in the process. In so doing, they have shown a genuine willingness and commitment to the improvement of organisational culture.

Recommendations

1. Convey these findings to workers, and let them know that management has heard them. Do not distort the findings in any way, but portray a balanced picture of both the key successes and challenges. This will help increase trust in leadership.
2. While the level of Excessive Work Demands is improving (declining), Queensland Health should continue to explore strategies to reduce the level of perceived excessive work demands felt by staff.
3. The action planning process resulting from the “Better Workplaces” staff opinion survey has evidently achieved significant outcomes in terms of workplace culture improvement. The Executive Management team should continue driving the action planning process at the organisational level. Staff need to be involved in the action planning process to engage them in the improvement of their workplace culture. Initiatives and improvements achieved as a result of the action planning process should be communicated to staff.
4. Staff with direct supervisory responsibilities clearly feel let down by the level of support they receive, particularly in difficult situations. There may be more aspects to this than any one survey could highlight. We therefore recommended that Queensland Health put additional effort into promoting existing support mechanisms, and look for ways to improve support for those with supervisory responsibilities.
5. The prevalence of harmful behaviour remains an issue. The persistence of the poor conduct is detrimental to the ongoing improvements in organisational culture Queensland Health is making. The problem is not primarily in understanding what constitutes harmful behaviour, or in the procedures to properly deal with it. The impact of harmful behaviours from internal sources continues to undermine staff abilities to perform at their best.
6. A significant number of respondents indicated that they are looking for another job, but have indicated that they would like to remain within

Queensland Health. Promoting existing strategies addressing professional growth and career advancement will ensure Queensland Health retains valuable staff.

7. Considering the extent of improvement in workplace culture scores it would be highly beneficial to conduct analysis of interventions at an organisational level (i.e., Leadership Development, Training and Development, Workplace Harassment) to ascertain, where possible, which initiatives have had impact.
8. The detailed data available at the organisational level across various demographic groups (i.e. occupational streams, age groups and gender) may be considered to inform organisational strategies such as workforce planning and retention.
9. Technical & Trade workers as an occupational stream recorded many of the most challenging results in this survey round. While the number of respondents was relatively small (30) additional effort should be directed to understanding the nature of this, and redressing it where possible.
10. Indigenous Health Workers as an occupational stream paradoxically reported some of the best and most challenging results in this survey round. Additional effort should be directed to understanding the nature of this, and redressing the negative aspect of their work life where possible.
11. The top three issues highlighted by staff that need improvement were: Recognition for Good Work, Supervisor Practice (broadly), and Open Communication. While the meaning of these broad statements varies throughout the organisation, each work area should focus on the degree to which these issues affect them, and look for ways to cooperate with staff to make improvements.



Introduction

This report contains the results of the “Better Workplaces” Staff Opinion Survey, conducted by a consultancy team from the Community and Organisational Research (*core*) Unit at the University of Southern Queensland (USQ) in April 2008. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, Employee Engagement, and additional measures that were formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*. All measures were found to have acceptable internal consistencies in the last round of the survey, and were similar for this survey. Combined results are reported for the Cairns and Hinterland, Mt Isa, South West, Wide Bay, Royal Brisbane and Women’s Hospital (RBWH), and Fraser Coast Health Service Districts (HSDs), the Information Division, and the Queensland Centre for Mental Health Learning (QCMHL). Individual Outcome and Organisational Climate measure results are also reported across Occupation Streams.

Additional analyses and comparisons can be made using the interactive database, *i-MO*, which is provided to the Workplace Culture Team as a supplement to this report. Separate reports and databases are provided for each of the HSDs, the Information Division and QCMHL. In addition to this report and *i-MO*, is the database, *Total Comments*, which provides counts and de-identified free text comments based on 15 thematic categories. The domains of these themes are included in Appendix C in this report.

Purpose of the Survey

Information from the survey will be used to identify what is good about working life and where changes need to be made to improve working conditions and practices in the organisation as a whole and across Occupational Streams. Data obtained from 5 230 employees from participating HSDs and Divisions, surveyed between 2005 and 2006 (detailed in Table 1 of Section A), will be used as a comparison to indicate areas of consistent strength as well as areas that need to be addressed.

Survey Process

Staff in the Information Division and QCMHL had the opportunity to complete surveys on-line at the University of Southern Queensland (USQ) website. Surveys were

mailed or distributed by hand to all staff in participating districts, and those with access to GroupWise were also offered the opportunity to complete the survey on-line. The researchers at *core* had no access to staff address details as the survey forms were mailed directly by Queensland Health's distribution contractor. In order to ensure the confidentiality of the process, staff could complete surveys on-line or they could mail them, reply-paid, directly to USQ. At no time were completed forms seen by Queensland Health personnel. Surveys were collected over a three week period and at the end of this time 5 906 surveys were returned, of which 5 888 were valid and useable for analysis.

The survey consisted of a number of questions requesting biographical data and items relating to staff feelings about work, organisational climate, employee engagement, trust in leadership of immediate supervisor, senior manager, and district/division executive, work area management practices, experience of harmful behaviours, workplace health and safety, and career intentions. Items relating to aspects of clinical work, and support for managing others were also included for relevant subgroups within the sample. Respondents were also given the opportunity to comment on what has improved in the last six months, suggest ways to make things better at their workplace, and provide other comments.

Details of the survey questionnaire, including definitions of measures, are included in Appendix A and B.



Survey Results

Interpretive Guidelines

These guidelines are intended to inform interpretation and use of the survey findings. While no set of guidelines is definitive, these guidelines do offer a consistent and reasoned approach to understanding survey results. There are a number of principles to understand that affect interpretation.

Principle 1: Response rates

Queensland Health has for years aimed and usually exceeded a general target of 30% or more participation in staff surveys at the organisation, district or divisional level. This of course works equally as well when figures aggregate to the district, divisional or even whole-of Queensland Health level. The purpose of maintaining the minimum target of 30% is to:

- Foster the highest possible level of staff engagement and participation in surveys and survey results. This gives staff a channel for voicing their opinions and an opportunity to be listened to; and
- Enable meaningful comparisons and reporting of individual work units, which is not possible if there are too few respondents in individual work units.

If the response rate is lower than 30%, these two key advantages may be lost, but the results are still broadly representative at the whole-of-organisation, district or divisional level. This is true even when response rates are less than 10%. While this may sound low, it is well backed by scientific literature¹, and the guidelines endorsed by the National Statistical Service².

Principle 2: Use both Criterion-based and a Relative point of comparison

While Queensland Health has in the past used a criterion-based interpretation of survey results (results that fall into pre-determined target ranges), the preference has always been to focus on a relative interpretation of results against Queensland Health benchmarks. This has always been available to some extent with comparisons to results of other districts, divisions and/or whole-of Queensland Health figures. All districts and divisions were surveyed

¹ e.g. Krejcie & Morgan, 1970; Jaccard, 1983

² www.nss.gov.au/nss/home.nsf/pages/sample%20size%20calculator

in 2006-2007 (with the exception of QCMHL) and will be surveyed again from April 2008 to September 2009, thus allowing most districts and divisions to be benchmarked against themselves. This is a leap forward if one considers the hierarchy of possible benchmark comparisons below.

Star ratings of benchmarks

-
- ★★★★★ Benchmarking against self (same district/division over time)
 - ★★★★ Benchmarking against other comparable services/work units
 - ★★★ Benchmarking against whole-of Queensland Health
 - ★★ Benchmarking against other health departments in other states
 - ★ Benchmarking against unrelated survey findings (e.g. different timeframe, different industry, different definitions of key variables)
-

Wherever possible, the greatest emphasis in interpretation should be placed on a five-star (★★★★★) benchmark. This is the most informative about change in the district/division. Where this is not available, four and even three-star benchmarks can be used. Two and one-star benchmarks should be avoided as they take the least account of strategic and operational differences between the work unit, and the source of the benchmark.

This relative interpretation should be used in conjunction with the Measurement of Outcome Index (MO-Index) outlined in the section entitled “What do the numbers mean?”. This will allow districts and divisions to assess achievements in absolute terms as well as their relative achievements (compared to their own previous surveys).

Principle 3: Interpreting Change

Where five-star benchmarking is used, the issue arises as to how to interpret change over time. What is significant change? The term “significant” is not used here, as it has a particular statistical connotation³. The “difference” that Queensland Health is interested in is better termed as reliable, consistent or meaningful change. In line with this, meaningful change is defined as any

³ The probability of falsely rejecting the null hypothesis (that no genuine change has occurred) against an arbitrary criteria normally set at 5%.

change that has been collectively noticed by staff. If staff can see it, it is real, and if it is real, it is meaningful.

Further, even a change of zero may be indicative of the success of the work unit in halting previously declining results, just as positive change is indicative of the success of another work unit which is building on previous successes. The direction and amount of change has to be understood in relation to where the district/division started from, and what it has tried to achieve in the intervening time (see context information for the district/division). The question of how this information might be used for strategic or operational planning is a separate question, and is generally better addressed by staff and management of each work unit involved. It is they who best understand the context in which they attained the results they did, and how this could help shape their future.

What do the numbers mean?

While reporting simple average percentages to measures in the questionnaire is the most obvious way to convey the results of the survey, they are misleading. These averages are overly distorted by responses that are skewed. Nor do averages take into account that very low or very high scores are harder to shift than more middling scores. So while average percentages have their appeal, they simply are not accurate.

The MO-Index is a measure of how staff responded to survey items and was developed to overcome these problems. As well as reporting the results of measures (e.g. Quality of Work Life), the MO-Index allows the reporting of results from the individual questions (e.g. “I am satisfied with my life at work”) that make up each measure. These provide an indication of the contribution of items to the scores of the measures.

Put simply, the MO-Index is a standard composite measure of how staff responded to questions in the survey. This is an adapted form of Rasch modelling, using odds ratios, which is well established in scientific literature (e.g. Bond & Fox, 2001)⁴. Odds ratios capture the likelihood of a particular response to a question (as opposed to a

⁴ A more technical description of how and why the MO-Index was calculated is available on request from the Community and Organisational Research Unit at the University of Southern Queensland.

simple but distorted average). These odds ratios are aggregated, and then mathematically transformed (the natural logarithm is calculated). This transformation neutralises any possible distortions that may be due to skewed data. Finally these figures are standardised for ease of interpretation and comparison among measures. Similar indices have been used to measure high school performance (the OP score), and the severity of an earthquake (the Richter scale) to name just a couple.

The MO-Index ranges from -100 Outcome Units (OU) to +100 Outcome Units (OU).

- To get -100 OU for a measure, absolutely all staff would have indicated “strongly disagree” to all items that make up that measure.
- To get +100 OU for a measure, absolutely all staff would have indicated “strongly agree” to all items that make up that measure.
- To get -100 OU for an item, absolutely all staff would have indicated “strongly disagree” to that item.
- To get +100 OU for an item, absolutely all staff would have indicated “strongly agree” to that item.

Because both these extreme scenarios are unprecedented, the graphs in the report are presented from -50 OU to +50 OU⁵.

Positive scores are desirable for positive indicators (e.g. for Quality of Work Life). Negative scores are desirable for negative indicators (namely Individual Distress, Workplace Distress and Excessive Work Demands).

⁵ Note: This range is **NOT** equivalent to half of +100 OU and -100 OU.

The hierarchy of descriptors for positive and negative indicators are presented in Figure 1 and Figure 2 respectively. Descriptions of terms are provided in the Glossary of Key Terms on p. 91.

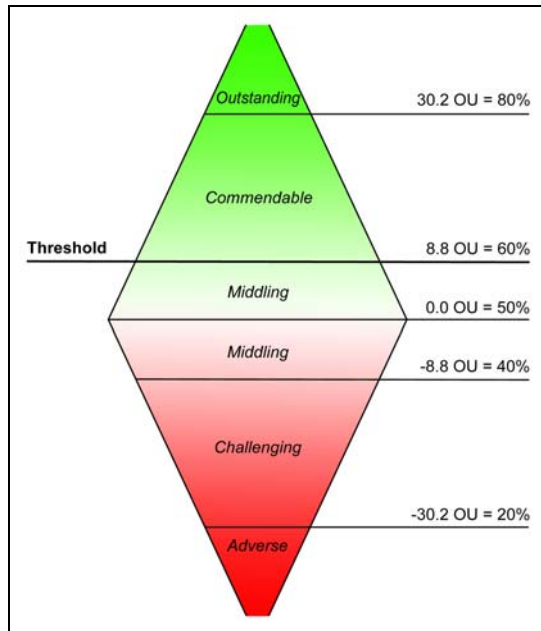


Figure 1.
Positive Indicators - Hierarchy of Descriptors

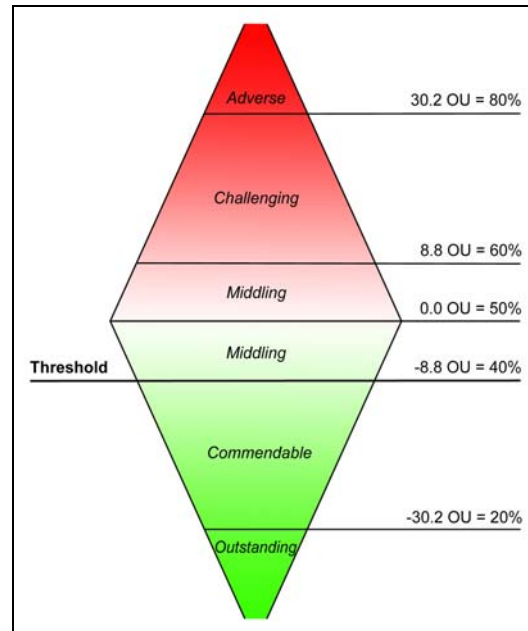


Figure 2.
Negative Indicators - Hierarchy of Descriptors

Why draw the line at 8.8 and 30.2 OU?

All such interpretive thresholds are to some extent arbitrary. In one sense, any positive OU score (or negative OU score for negative indicators) could be justifiably seen as a positive result. However, in a more practical sense, middling scores may not be good enough to claim a positive organisational culture. A score of 8.8 OU is equivalent to a simple average percentage score of 60% on a measure, and -8.8 OU is equivalent to a simple average percentage score of 40% on a measure. So a result somewhere between -8.8 OU and +8.8 OU really only means the raw average for that measure is between 40% and 60% - a middling result without the inherent inaccuracies of the simple average percentage score. Higher than this is Commendable (unless it is a negative indicator), and lower than this is Challenging (again, unless it is a negative indicator). This threshold represents a balance between what is achievable (and what should receive due recognition), and what is sufficiently positive so as not to be seen as an ordinary result in any sense.

Similar thresholds have been drawn at 30.2 OU. A score of 30.2 OU is equivalent to a simple average percentage score of 80% on a measure. Higher than this is an

outstanding result (unless it is a negative indicator). A score of -30.2 OU is equivalent to a simple average percentage score of 20% on a measure. Lower than this is an Adverse result (again, unless it is a negative indicator).

Note that these interpretive thresholds relate only to scores obtained in the current period (“April 2008” as shown in graphs in this report) and prior survey period (“April 2006” as shown in graphs in this report), and not to the level of change in scores indicated by comparisons between the survey periods (“Change” as shown in graphs).

Positive change or improvement in outcome from one survey period to another is desirable for ALL measures and individual items alike (represented as **green** bars on graphs). A negative change or deterioration in outcome is represented by **red** bars on graphs.

Comparisons across measures are interpreted first (e.g. Workplace Morale), followed by the individual items that make up each measure.

Section A: QPASS Measures: Individual Outcomes and Organisational Climate

Unless otherwise noted, positive scores are desirable in survey results.

MO-Index scores obtained by respondents from the Cairns and Hinterland, Mt Isa, South West, Wide Bay, Royal Brisbane and Women’s Hospital (RBWH), and Fraser Coast Health Service Districts (HSDs), Information Division, and the Queensland Centre for Mental Health Learning (QCMHL) in this survey are compared with results of 2005 and 2006 survey comparative data (N = 5 230). In the graphs, Queensland Health April 2008 scores will be denoted as **April 2008** and Queensland Health comparison data scores will be denoted as **April 2006**. Table 1 provides the survey dates of participating districts and divisions included in the April 2006 comparative data.

Table 1. Survey Dates Comparative Data

April 2008 HSD/Division	Comparative Data
<u>Cairns and Hinterland:</u>	
Cairns	April 2006
Innisfail	September 2006
Tablelands	December 2005
<u>Mt Isa</u>	
Mt Isa	April 2006
RBWH	April 2006
Fraser Coast	April 2006
Information Division	April 2006
<u>South West:</u>	
Roma	April 2006
Charleville	September 2006
<u>Wide Bay:</u>	
Bundaberg	April 2006
North Burnett	September 2006
QCMHL	Comparison data not available as prior survey not conducted

Positive change or improvement in outcomes from Survey Period 1 (April 2006) to Survey Period 2 (April 2008) is desirable for ALL measures and individual items.

Measures of Individual Outcomes

Three main measures of Individual Outcomes are obtained in the survey.

- Scores from **Quality of Work Life** provide a global evaluation of respondents' experience of their life in the workplace
- Scores from **Individual Morale** indicate the extent to which respondents experience positive emotions at work
- Scores from **Individual Distress** indicate the level of negative emotions experienced

Positive scores are desirable for Quality of Work Life and Individual Morale, while negative scores are desirable for Individual Distress

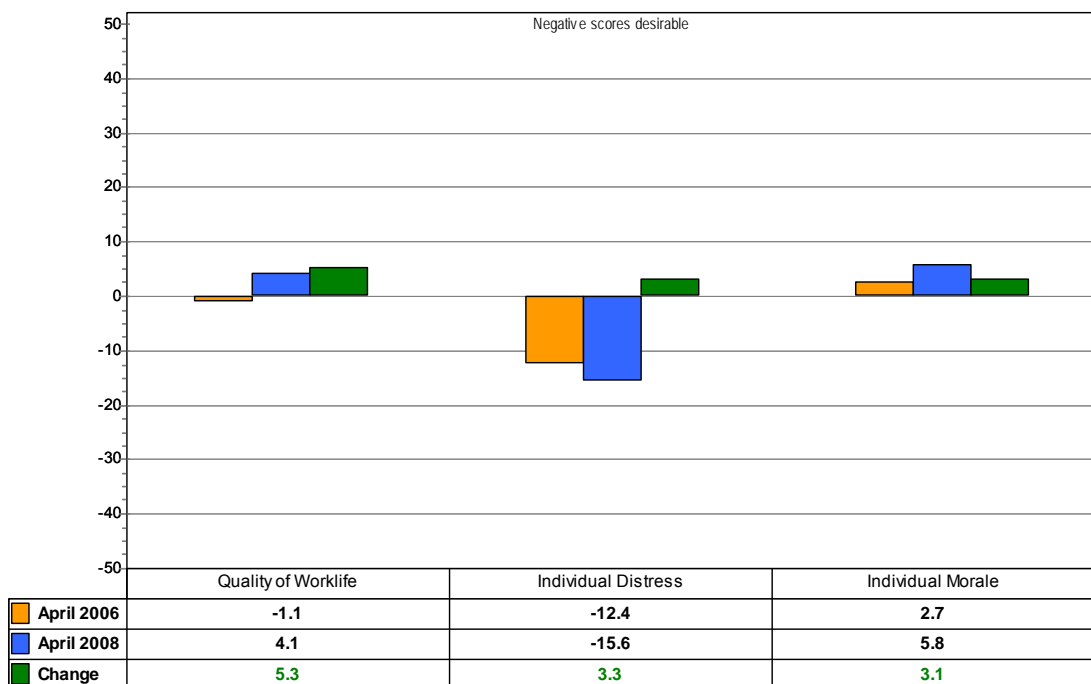


Figure 3. Results of Individual Outcomes Measures

Note: (a) *Negative scores are desirable for Individual Distress.*
(b) *All measures recorded desirable positive change.*

Commendable Outcomes from April 2008

1. Individual Distress

Middling Outcomes from April 2008

1. Individual Morale
2. Quality of Work Life - *Measure improved to desirable positive score*

Quality of Work Life Measure



Figure 4. Results of Quality of Work Life Measure

Note: All items recorded desirable positive change.

Middling Outcomes from April 2008

1. “I am satisfied with my life at work”
2. “So far, I have obtained the important things I want in my work life”

Note: The following three items improved to desirable positive scores.

3. “In most ways my work life is close to my ideal”
4. “The conditions of my life at work are excellent”
5. “The quality of my work life is excellent”

Biggest Contribution to Positive Change

1. “The conditions of my life at work are excellent”

Individual Morale Measure

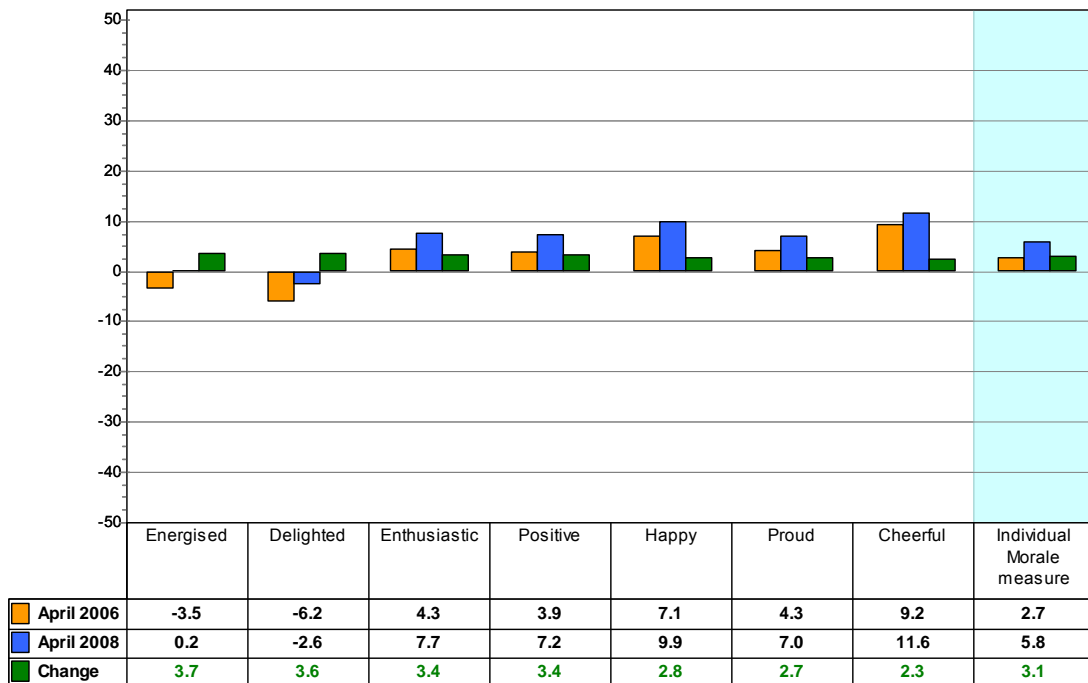


Figure 5. Results of Individual Morale Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “Feeling cheerful at work”
2. “Feeling happy at work”

Middling Outcomes from April 2008

1. “Feeling enthusiastic at work”
2. “Feeling positive at work”
3. “Feeling proud at work”
4. “Feeling energised at work” - *Item improved to a desirable positive score*
5. “Feeling delighted at work” - *Item recorded an undesirable negative score*

Biggest Contributions to Positive Change

1. “Feeling energised at work”
2. “Feeling delighted at work”

Note: Although these items obtained the greatest positive change, they also obtained the lowest scores.

Individual Distress Measure



Figure 6. Results of Individual Distress measure

Note: (a) Negative scores are desirable for all Individual Distress items.

(b) All items recorded desirable positive change.

Outstanding Outcome from April 2008

1. “Feeling afraid at work”

Commendable Outcomes from April 2008

1. “Feeling depressed at work”
2. “Feeling uneasy at work”
3. “Feeling anxious at work”
4. “Feeling negative at work”
5. “Feeling unhappy at work”

Middling Outcome from April 2008

1. “Feeling tense at work” - *Item improved to a desirable negative score*

Biggest Contribution to Positive Change

1. “Feeling negative at work”

Measures of Organisational Climate

Positive scores are desirable for all Organisational Climate measures, except Excessive Work Demands and Workplace Distress, where negative scores are desirable

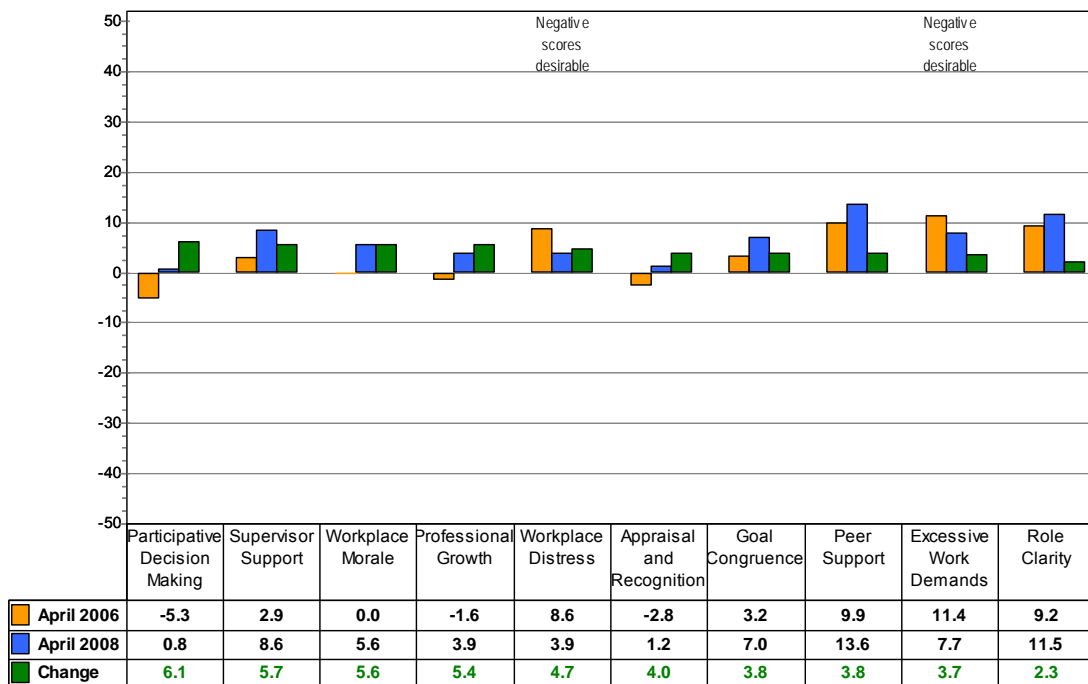


Figure 7. Results of Organisational Climate Measures

Note: (a) Negative Scores are desirable for Workplace Distress and Excessive Work Demands.

(b) All measures recorded desirable positive change.

Commendable Outcomes from April 2008

1. Peer Support
2. Role Clarity

Middling Outcomes from April 2008

1. Supervisor Support
2. Goal Congruence
3. Workplace Morale
4. Professional Growth - *Measure improved to a desirable positive score*
5. Appraisal and Recognition - *Measure improved to a desirable positive score*
6. Participative Decision Making - *Measure improved to a desirable positive score and although Participative Decision Making obtained the lowest score, this measure obtained the greatest positive change*
7. Workplace Distress - *Measure recorded an undesirable positive score*
8. Excessive Work Demands - *Measure recorded an undesirable positive score*

Workplace Morale Measure

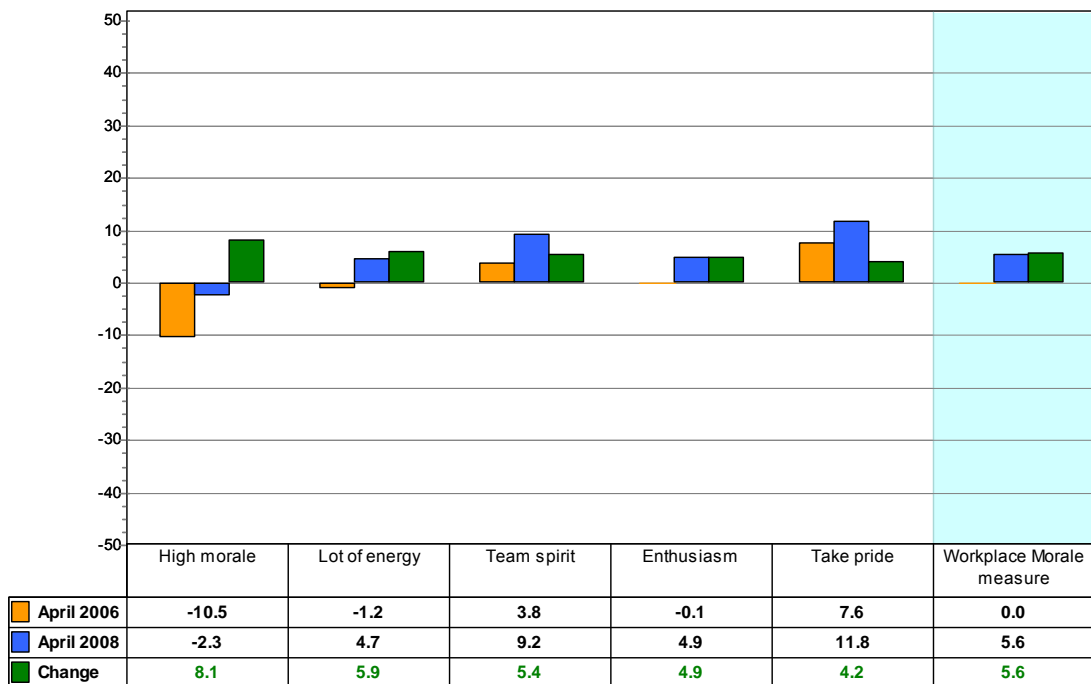


Figure 8. Results of Workplace Morale Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “Staff take pride in this work area”
2. “There is a good team spirit in this work area”

Middling Outcomes from April 2008

1. “Staff go about their work with enthusiasm” - *Item improved to a desirable positive score*
2. “There is a lot of energy in this work area” - *Item improved to a desirable positive score*
3. “The morale in this work area is high” - *Item recorded an undesirable negative score*

Biggest Contribution to Positive Change

1. “The morale in this work area is high” - *Although this item obtained the greatest positive change, it also obtained the lowest score*

Supervisor Support Measure

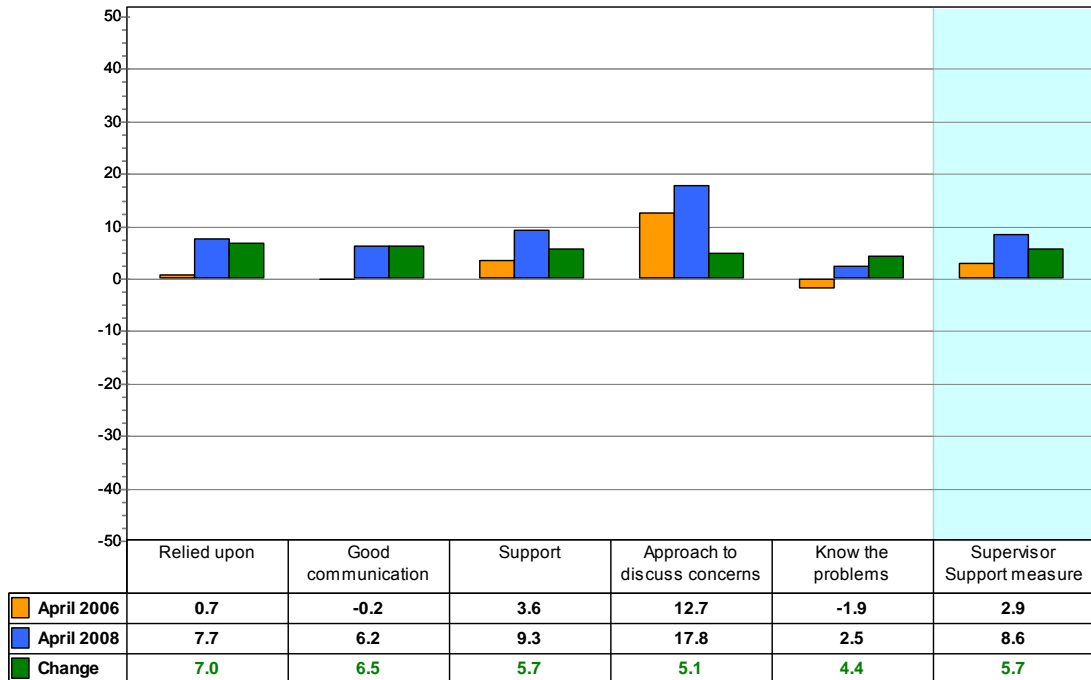


Figure 9. Results of Supervisor Support Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “I am able to approach the supervisors in this work area to discuss concerns and grievances”
2. “There is support from the supervisors in this work area”

Middling Outcomes from April 2008

1. “The supervisors in this work area can be relied upon when things get tough”
2. “There is good communication between the staff and supervisors in this work area” - *Item improved to a desirable positive score*
3. “The supervisors know the problems faced by staff in this work area” - *Item improved to a desirable positive score*

Biggest Contribution to Positive Change

1. “The supervisors in this work area can be relied upon when things get tough”

Participative Decision-Making Measure

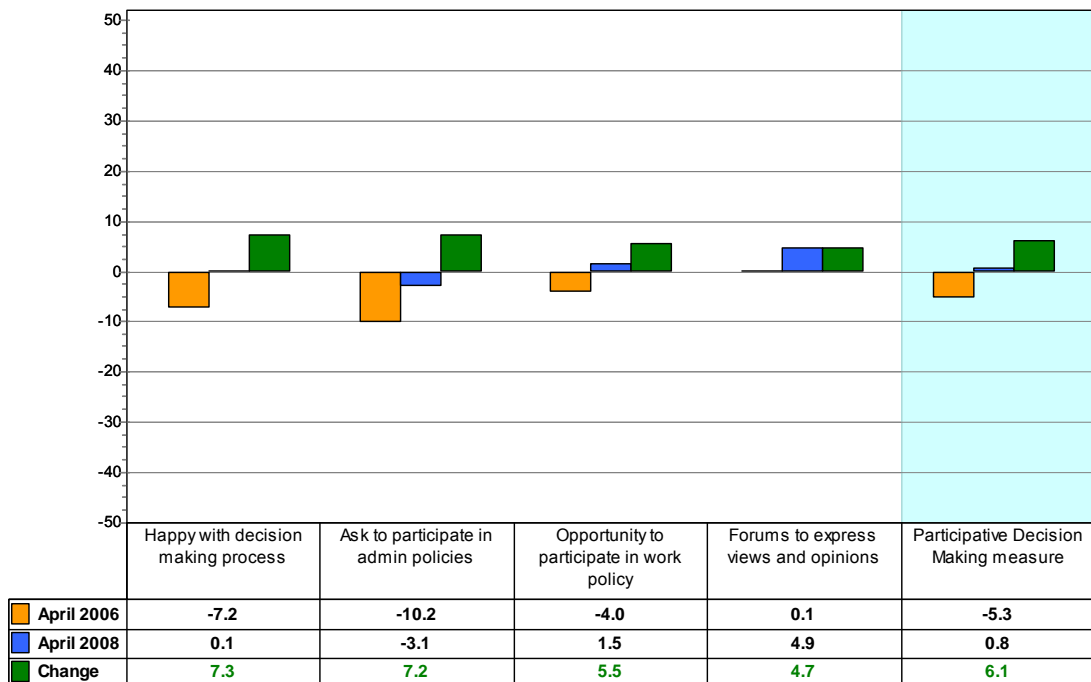


Figure 10. Results of Participative Decision-Making Measure

Note: All items recorded desirable positive change.

Middling Outcomes from April 2008

1. “There are forums in this work area where I can express my views and opinions”
2. “There is opportunity for staff to participate in work policy and decision making” - *Item improved to a desirable positive score*
3. “I am happy with the decision-making processes used in this work area” - *Item improved to a desirable positive score*
4. “Staff are frequently asked to participate in the decisions concerning administrative policies and procedures in this work area” - *Item remains an undesirable negative score*

Biggest Contributions to Positive Change

1. “I am happy with the decision-making processes used in this work area”
2. “Staff are frequently asked to participate in the decisions concerning administrative policies and procedures in this work area”

Note: *Although these items obtained the greatest positive change, they also obtained the lowest scores.*

Role Clarity Measure



Figure 11. Results of Role Clarity Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “I am clear about my professional responsibilities”
2. “I am always clear about what others expect of me”
3. “I always know how much authority I have in this work area”

Middling Outcome from April 2008

1. “My work objectives are always well defined”

Biggest Contributions to Positive Change

1. “I am always clear about what others expect of me”
2. “I always know how much authority I have in this work area”

Peer Support Measure

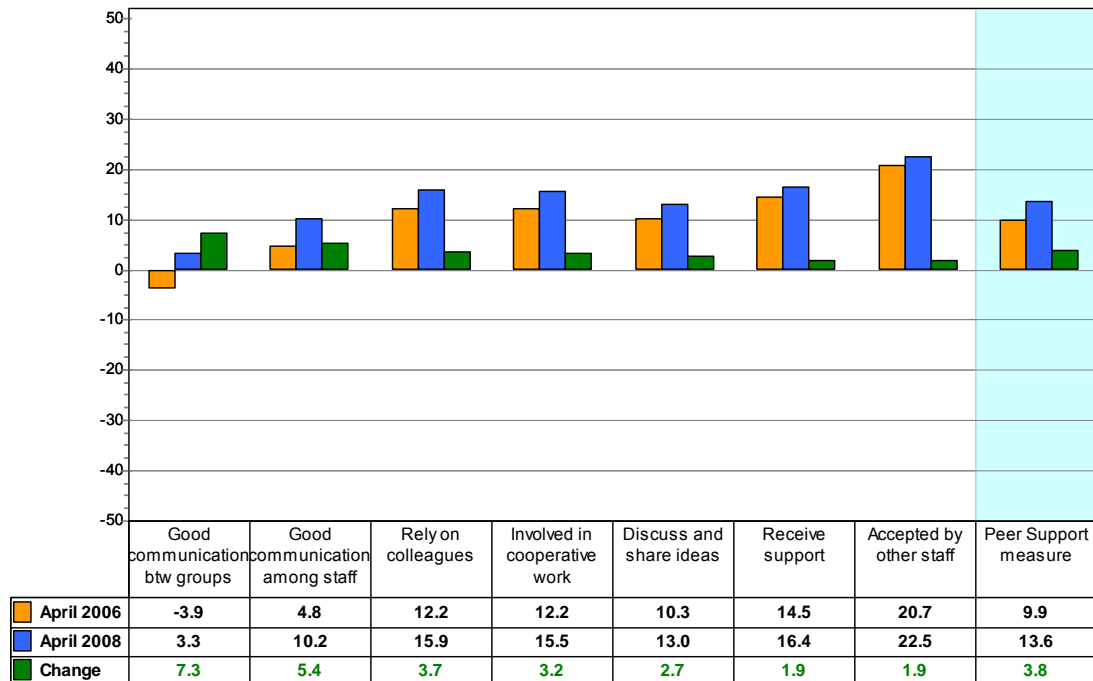


Figure 12. Results of Peer Support Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “I feel accepted by other staff in this work area”
2. “I receive support from my colleagues”
3. “Staff in this work area can rely on their colleagues for support and assistance when needed”
4. “I have the opportunity to be involved in cooperative work with other members of staff”
5. “Staff frequently discuss and share ideas with one another about how best to carry out their work”
6. “There is good communication among staff in this work area”

Middling Outcome from April 2008

1. “There is good communication between groups in this work area” - *Item improved to a desirable positive score*

Biggest Contribution to Positive Change

1. “There is good communication between groups in this work area” - *This item obtained the lowest score*

Appraisal and Recognition Measure

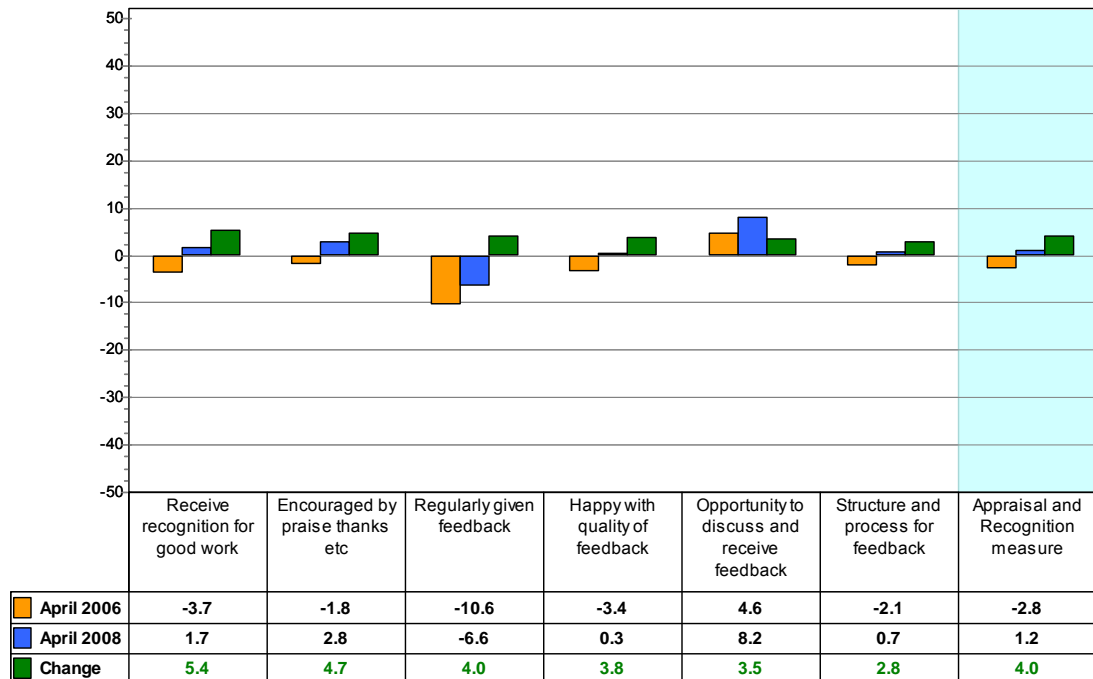


Figure 13. Results of Appraisal and Recognition Measure

Note: All items recorded desirable positive change.

Middling Outcomes from April 2008

1. “I have the opportunity to discuss and receive feedback on my work performance”

Note: Items numbered 2 to 5 below improved to desirable positive scores.

2. “I am encouraged in my work by praise, thanks or other recognition”
3. “Staff receive recognition for good work”
4. “There is structure and process that provides feedback on my work performance”
5. “I am happy with the quality of feedback I received on my work performance”
6. “I am regularly given feedback on how I am performing in my role” - *Item recorded an undesirable negative score*

Biggest Contribution to Positive Change

1. “Staff receive recognition for good work”
2. “I am encouraged in my work by praise, thanks or other recognition”

Professional Growth Measure



Figure 14. Results of Professional Growth Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “I am encouraged to pursue further training and development”
2. “There are opportunities in this work area for developing new skills”

Middling Outcomes from April 2008

1. “It is not difficult to gain access to training courses” - *Item improved to a desirable positive score*

Note: The following two items recorded undesirable negative scores.

2. “The training and development planning in this work area takes into account my individual needs and interests”
3. “Others in this work area take an active interest in my career development and professional growth”

Biggest Contributions to Positive Change

1. “I am encouraged to pursue further training and development”
2. “The training and development planning in this work area takes into account my individual needs and interests”

Goal Congruence Measure

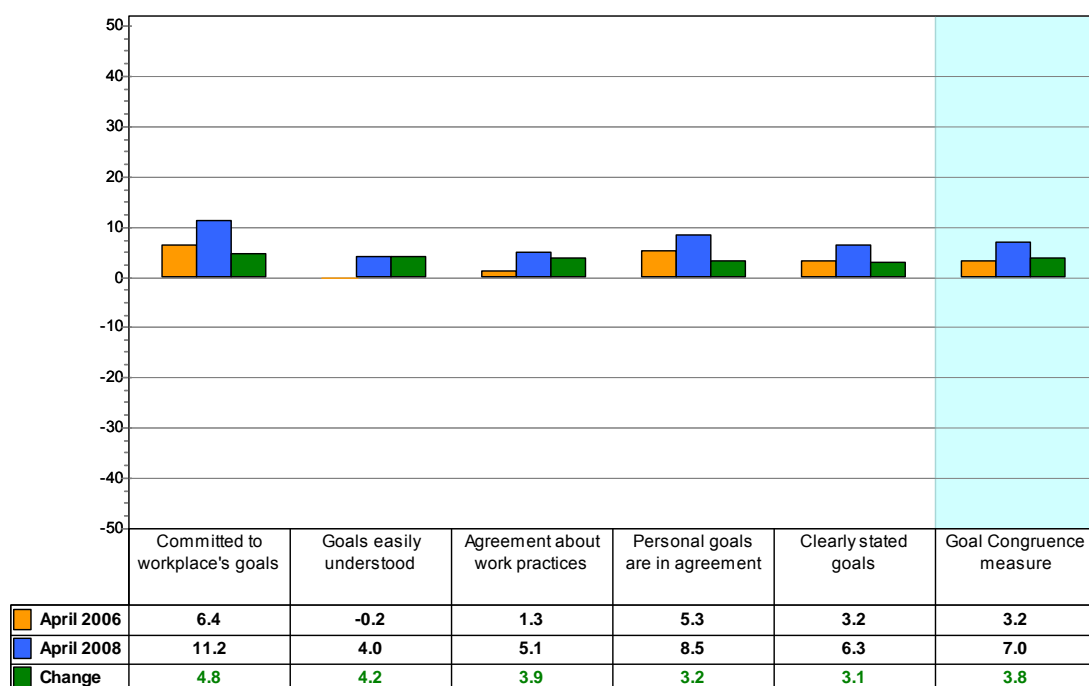


Figure 15. Results of Goal Congruence Measure

Note: All items recorded desirable positive change.

Commendable Outcome from April 2008

1. “The staff are committed to the work area’s goals and values”

Middling Outcomes from April 2008

1. “My personal goals are in agreement with the goals of this work area”
2. “This work area has a clearly stated set of objectives and goals”
3. “There is agreement about work practices in this work area”
4. “The goals of this work area are easily understood” - *Item improved to desirable positive score*

Biggest Contribution to Positive Change

1. “The staff are committed to the work area’s goals and values”

Workplace Distress Measure

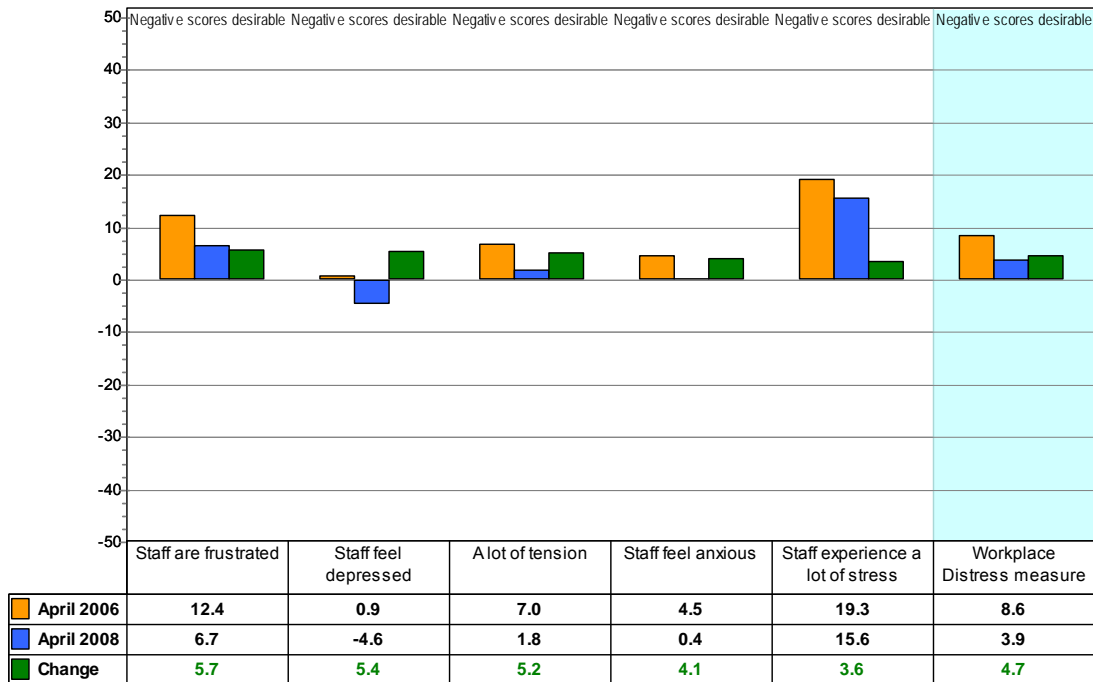


Figure 16. Results of Workplace Distress Measure

Note: (a) Negative scores are desirable for all Workplace Distress items.
(b) All items recorded desirable positive change.

Middling Outcomes from April 2008

1. “Staff in this work area feel depressed about their work” - *Item improved to a desirable negative score.*

Note: The following three items recorded undesirable positive scores.

2. “Staff in this work area feel anxious about their work”
3. “There is a lot of tension in this work area”
4. “Staff in this work area are frustrated with their job”

Challenging Outcome from April 2008

1. “Staff in this work area experience a lot of stress” - *Item recorded an undesirable positive score*

Biggest Contribution to Positive Change

1. Staff in this work area are frustrated with their job”

Excessive Work Demands Measure



Figure 17. Results of Excessive Work Demands Measure

Note: (a) Negative scores are desirable for all Excessive Work Demands items.
(b) All measures recorded undesirable positive scores, but desirable positive change.

Middling Outcomes from April 2008

1. “There is no time for staff to relax in this work area”
2. “There is too much expected of staff in this work area”

Challenging Outcomes from April 2008

1. “Staff in this work area are overloaded with work”
2. “There is constant pressure for staff to keep working”

Biggest Contribution to Positive Change

1. “Staff in this work area are overloaded with work”

Results of Individual Outcome and Organisational Climate Measures across Occupation Stream Groups

In order to show the variability across Occupation streams, the scores of the three Individual Outcome and 10 Organisational Climate measures are presented in Figures 18 to 30. The frequencies of respondents across Occupation Streams are shown in Table 2.

Table 2. Response Number across Occupation Stream Groups

Occupation Stream Groups	Response Number
Nursing	2 470
Administration	1 595
Health Practitioner	566
Operational	516
Medical	306
Dental	189
Other	108
Indigenous Health	63
Technical/Trades	30
Didn't indicate	45
Total	5 888

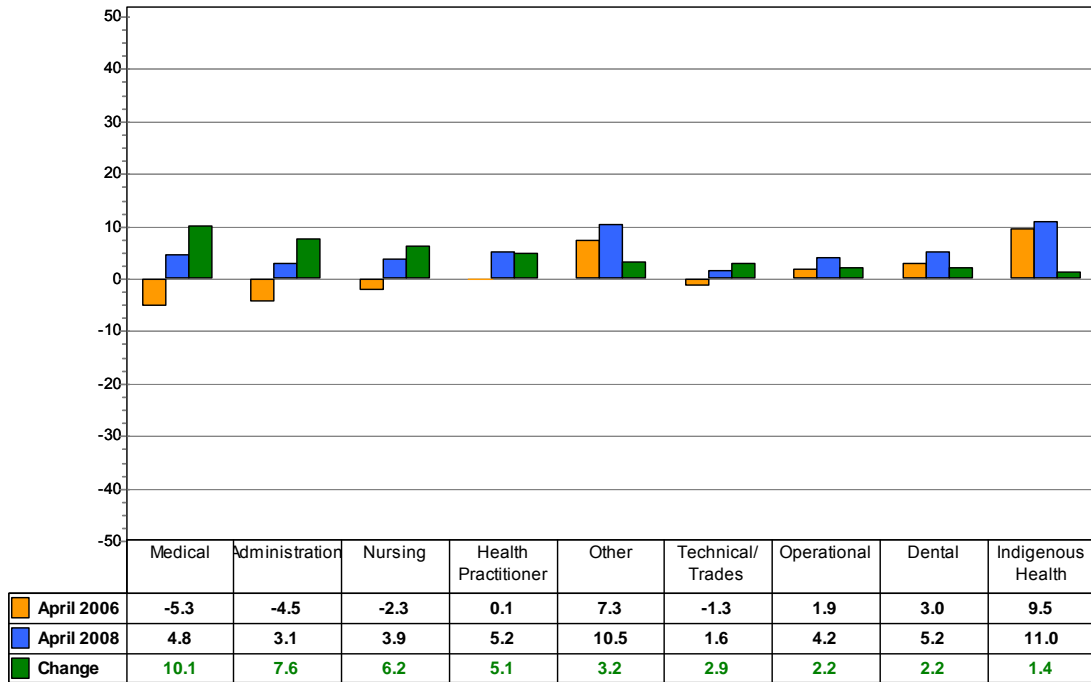


Figure 18. Quality of Work Life across Occupation Stream Group

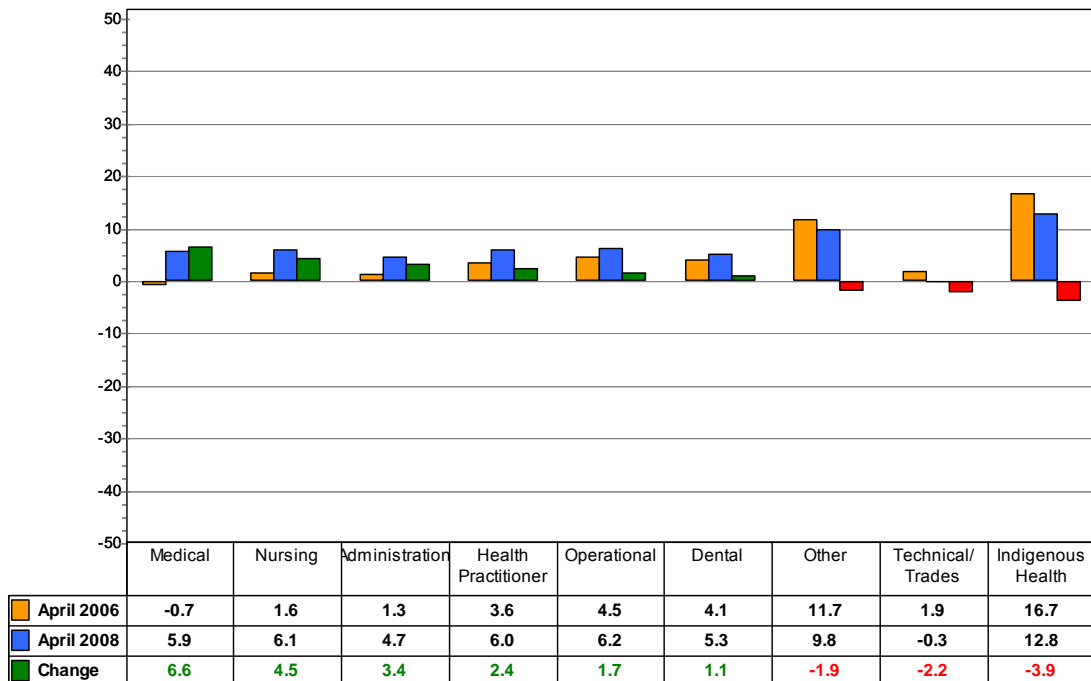
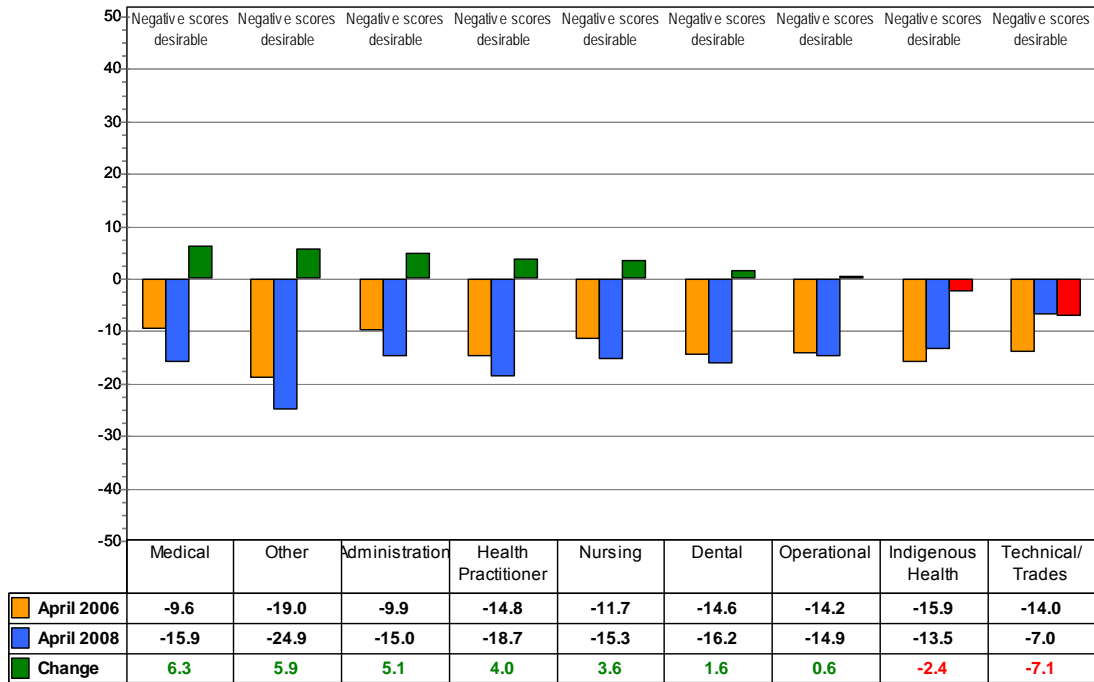


Figure 19. Individual Morale across Occupation Stream Group



**Figure 20. Individual Distress across Occupation Stream Group
(Negative scores are desirable)**



Figure 21. Workplace Morale across Occupation Stream Group

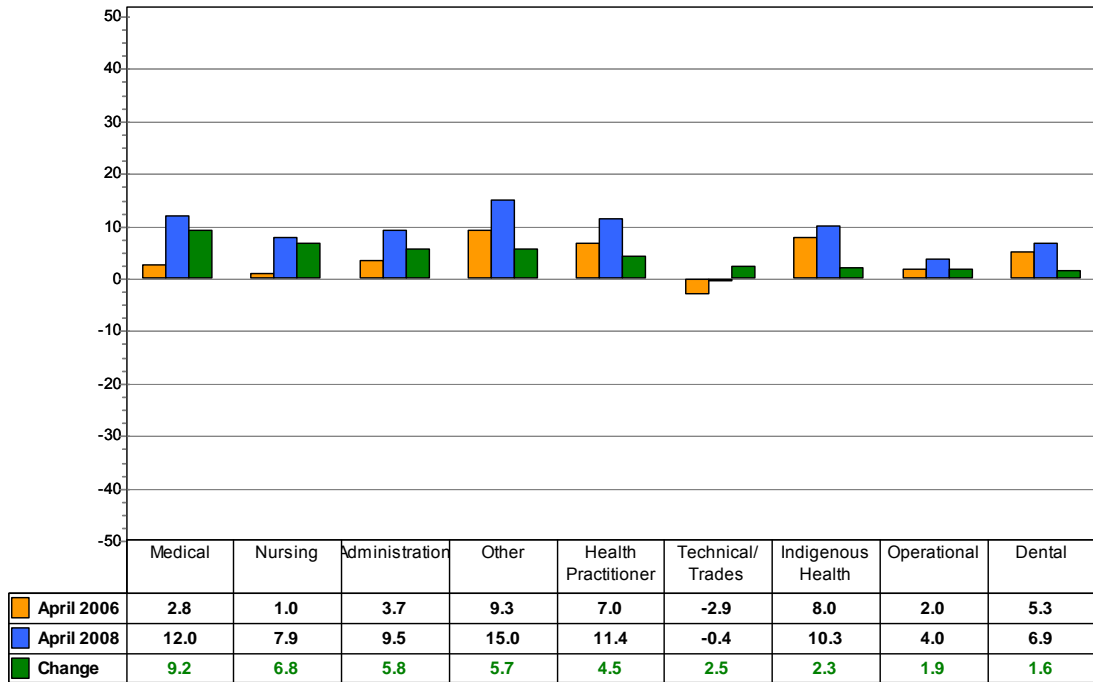


Figure 22. Supervisor Support across Occupation Stream Group

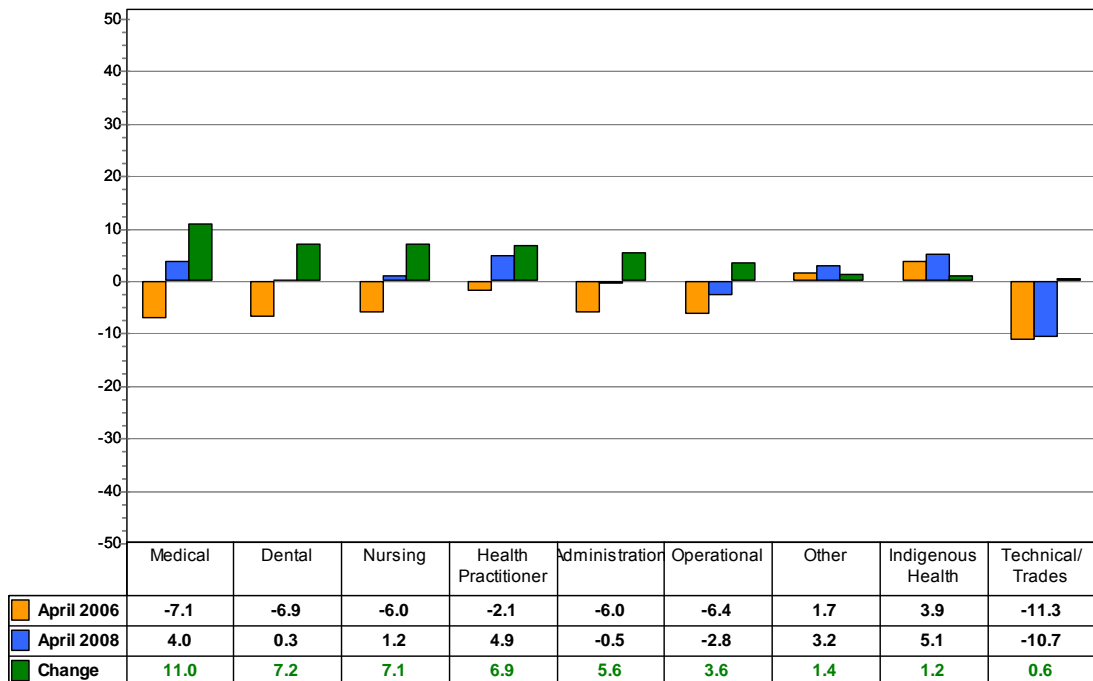


Figure 23. Participative Decision Making across Occupation Stream Group

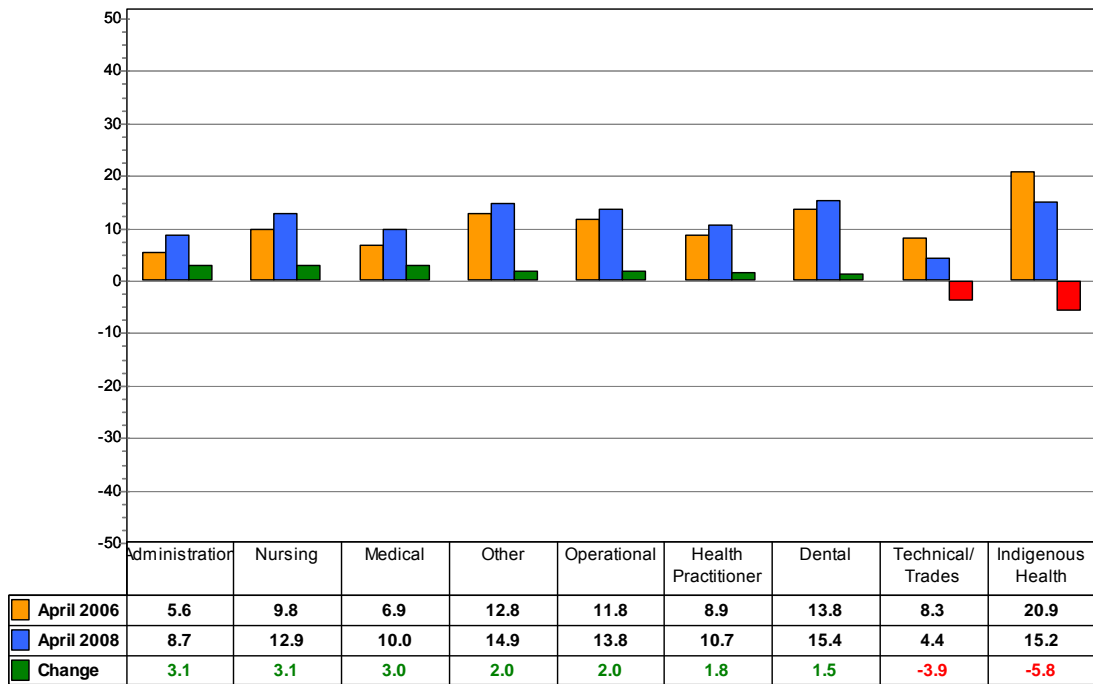


Figure 24. Role Clarity across Occupation Stream Group



Figure 25. Peer Support across Occupation Stream Group

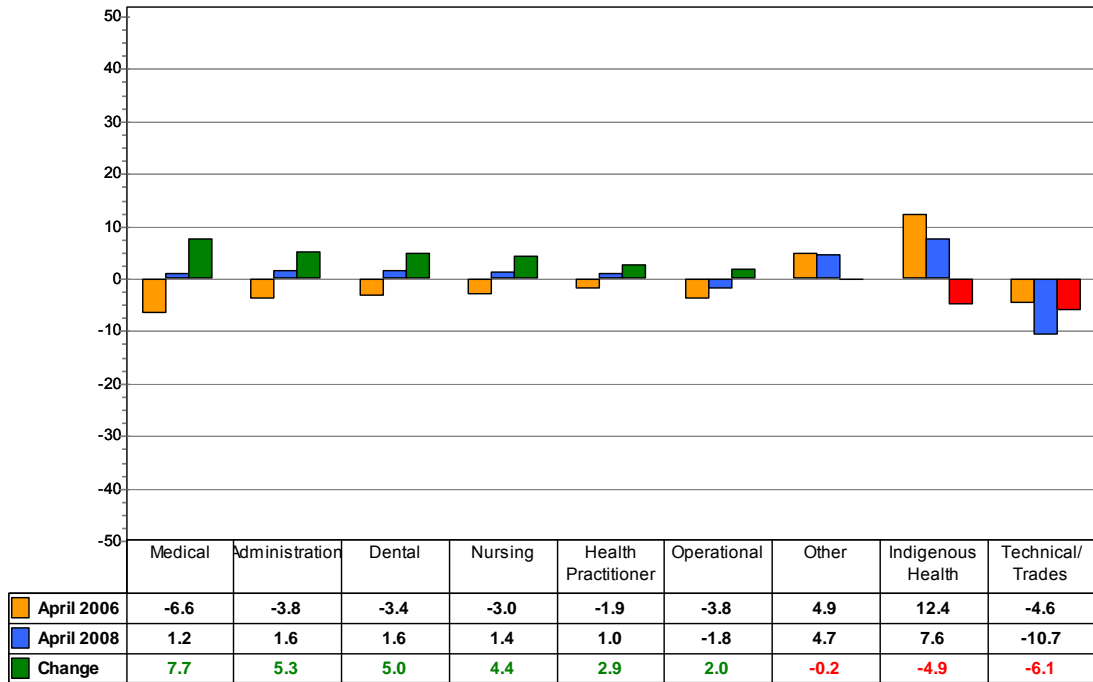


Figure 26. Appraisal and Recognition across Occupation Stream Group

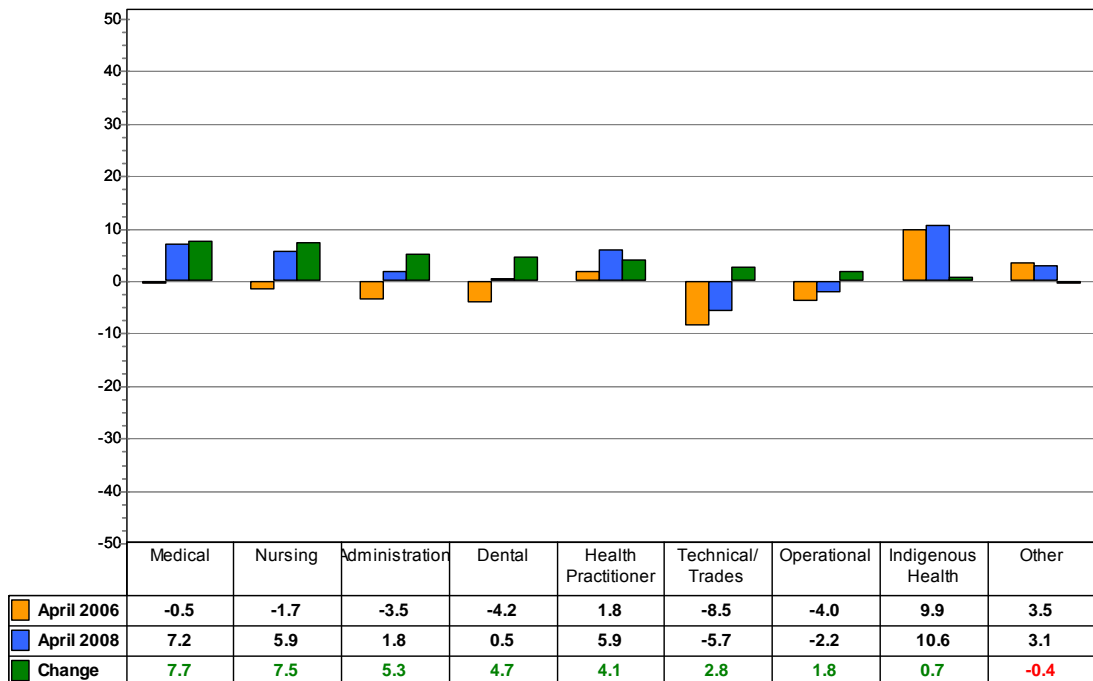
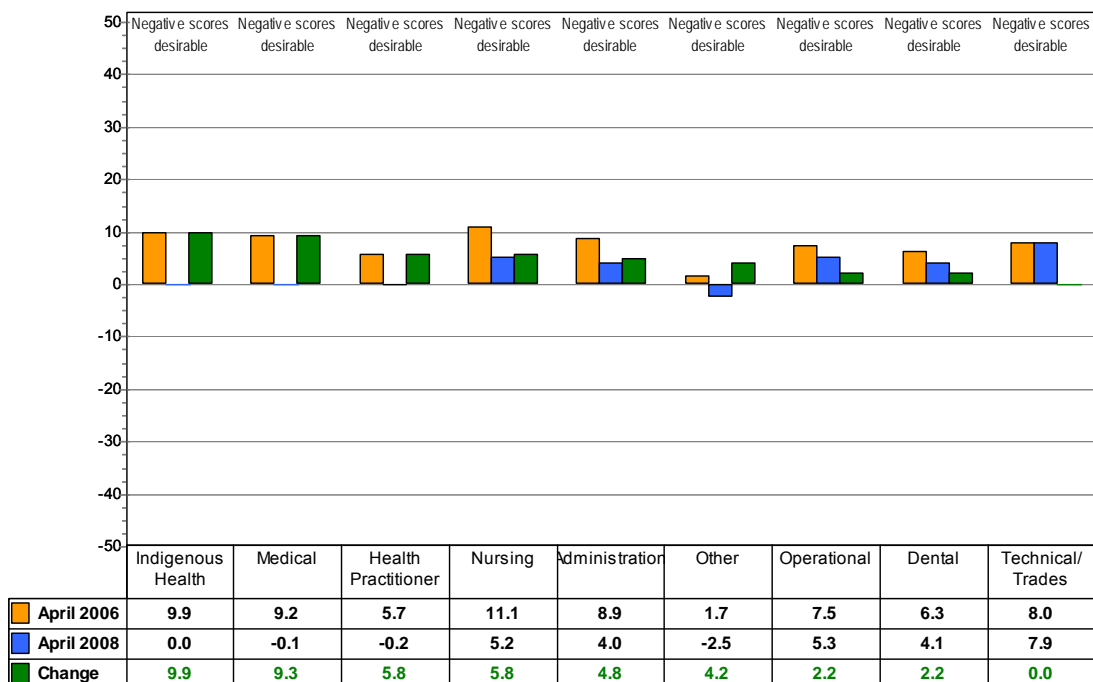


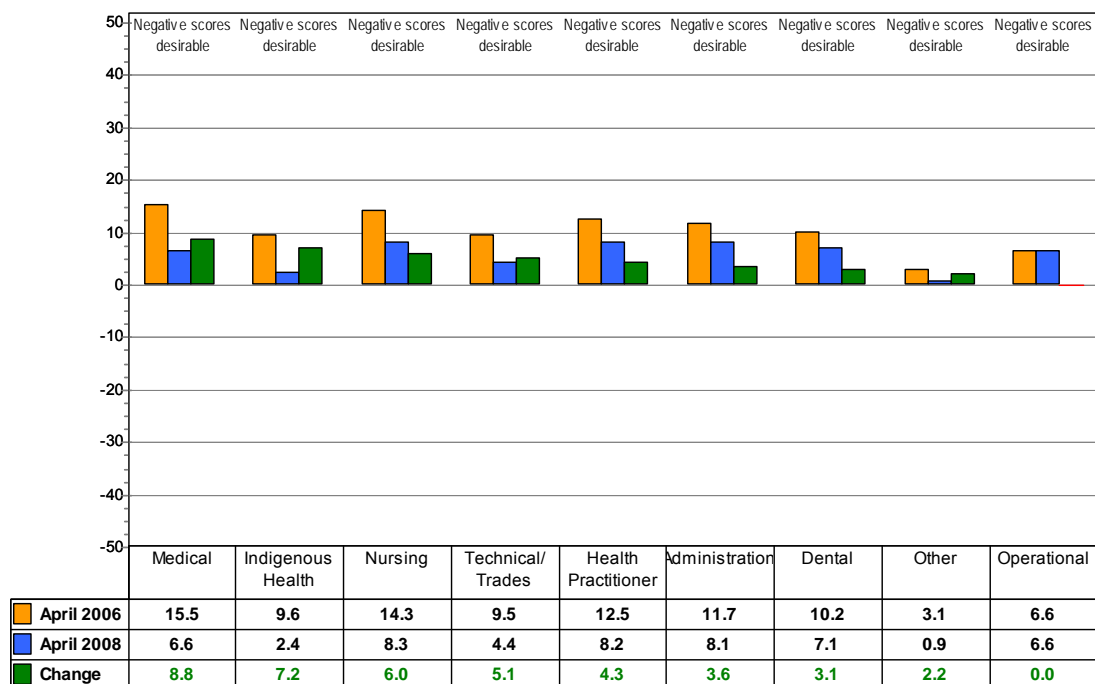
Figure 27. Professional Growth across Occupation Stream Group



Figure 28. Goal Congruence across Occupation Stream Group



**Figure 29. Workplace Distress across Occupation Stream Group
(Negative scores are desirable)**



**Figure 30. Excessive Work Demands across Occupation Stream Group
(Negative scores are desirable)**

Tables 3a to 3c present the range of Individual Outcome and Organisational Climate measure scores and direction of change across Occupation Streams.

Table 3a. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Administration	Dental	Medical
Quality of Work Life	Middling ▲	Middling ▲	Middling ▲
Individual Morale	Middling ▲	Middling ▲	Middling ▲
Individual Distress	Commendable ▲	Commendable ▲	Commendable ▲
Workplace Morale	Middling ▲	Middling ▲	Commendable ▲
Supervisor Support	Commendable ▲	Middling ▲	Commendable ▲
Participative Decision Making	Middling ▲	Middling ▲	Middling ▲
Role Clarity	Middling ▲	Commendable ▲	Commendable ▲
Peer Support	Commendable ▲	Commendable ▲	Commendable ▲
Appraisal & Recognition	Middling ▲	Middling ▲	Middling ▲
Professional Growth	Middling ▲	Middling ▲	Middling ▲
Goal Congruence	Middling ▲	Middling ▲	Commendable ▲
Workplace Distress	Middling ▲	Middling ▲	Middling ▲
Excessive Work Demands	Middling ▲	Middling ▲	Middling ▲

Table 3b. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Health Practitioner	Nursing	Indigenous Health
Quality of Work Life	Middling ▲	Middling ▲	Commendable ▲
Individual Morale	Middling ▲	Middling ▲	Commendable ▼
Individual Distress	Commendable ▲	Commendable ▲	Commendable ▼
Workplace Morale	Commendable ▲	Middling ▲	Commendable ▼
Supervisor Support	Commendable ▲	Middling ▲	Commendable ▲
Participative Decision Making	Middling ▲	Middling ▲	Middling ▲
Role Clarity	Commendable ▲	Commendable ▲	Commendable ▼
Peer Support	Commendable ▲	Commendable ▲	Commendable ▼
Appraisal & Recognition	Middling ▲	Middling ▲	Middling ▼
Professional Growth	Middling ▲	Middling ▲	Commendable ▲
Goal Congruence	Commendable ▲	Middling ▲	Commendable ▼
Workplace Distress	Middling ▲	Middling ▲	Middling ▲
Excessive Work Demands	Middling ▲	Middling ▲	Middling ▲

Note: ▲ Desirable Positive Change

▼ Undesirable Negative Change

Table 3c. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Operational	Technical/Trade	Other
Quality of Work Life	Middling ▲	Middling ▲	Commendable ▲
Individual Morale	Middling ▲	Middling ▼	Commendable ▼
Individual Distress	Commendable ▲	Middling ▼	Commendable ▲
Workplace Morale	Middling ▲	Middling ▼	Middling ▲
Supervisor Support	Middling ▲	Middling ▲	Commendable ▲
Participative Decision Making	Middling ▲	Challenging ▲	Middling ▲
Role Clarity	Commendable ▲	Middling ▼	Commendable ▲
Peer Support	Middling ▲	Commendable ▲	Commendable ▲
Appraisal & Recognition	Middling ▲	Challenging ▼	Middling ▼
Professional Growth	Middling ▲	Middling ▲	Middling ▼
Goal Congruence	Middling ▲	Middling ▲	Commendable ▲
Workplace Distress	Middling ▲	Middling ▲	Middling ▲
Excessive Work Demands	Middling ▲	Middling ▲	Middling ▲

Note: ▲ Desirable Positive Change

▼ Undesirable Negative Change

Section B: Measures specific to Queensland Health including Trust in Leadership, Organisational Management Practices, Employee Engagement, and Item-Response Frequencies.

Some measures included in the “Better Workplaces” Staff Opinion Survey applied to all respondents, while some measures were designed to target specific work groups. New measures that applied to all respondents for the 2008 survey included:

- Employee Engagement
- Harmful Behaviours - Items relating to the sources, frequency, and effect.

Results from measures are based on MO-Index scores, while results for individual items are based on average percentage or number of response scores.

Results from Measures based on MO-Index scores

Results of the **April 2008** survey are compared to results of relevant surveys in December 2005 and April and September 2006; denoted in the graphs as **April 2006**.

Measures that apply to all respondents (**N = 5 888**) are:

- Trust in Leadership – Immediate Supervisor
- Trust in Leadership – Senior Manager
- Trust in Leadership – District/Division Executive
- Workplace Health and Safety
- Work Area Management Practices
- Employee Engagement

Some measures target specific groups of respondents. Table 4 presents these subgroups and the related measures.

Table 4. Subgroups and Related Measures

Subgroup	N	Measures
Respondents who manage others	1 370 (23.3%)	Support for Managing Others
Respondents who work in a clinical environment	3 628 (61.6%)	Clinical Communication
		Clinical Management Practices
		Multidisciplinary Team Support for Patient Care

Trust in Leadership Measures

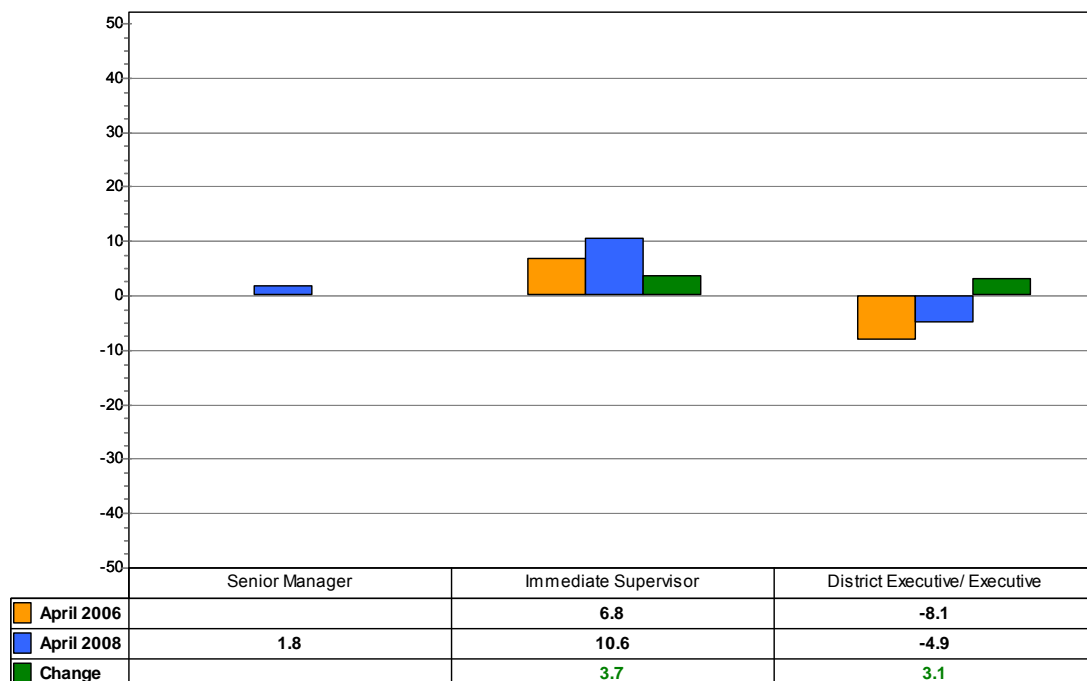


Figure 31. Results of Trust in Leadership Measures

Note: Both measures with comparison data recorded desirable positive change.

Commendable Outcome from April 2008

1. Trust in Leadership-Immediate Supervisor

Middling Outcomes from April 2008

1. Trust in Leadership-Senior Manager
2. Trust in Leadership-District/Division Executive - *Measure recorded an undesirable negative score*

Positive Change

1. Trust in Leadership-Immediate Supervisor
2. Trust in Leadership-District/Division Executive

Trust in Leadership–Immediate Supervisor

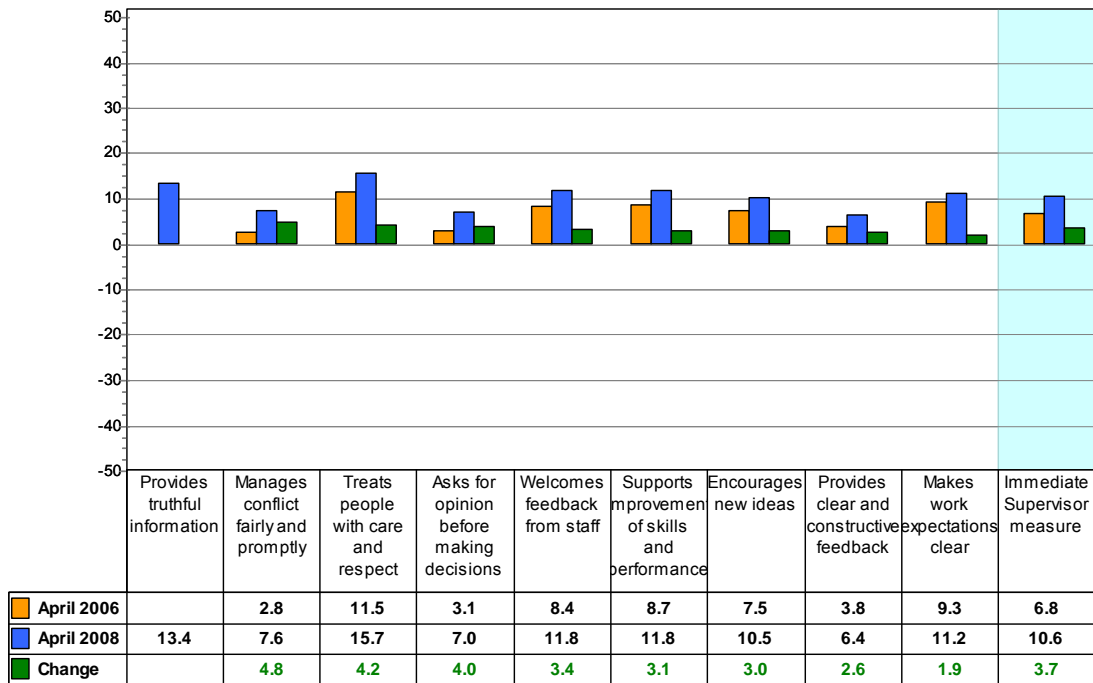


Figure 32. Results of Trust in Leadership-Immediate Supervisor Measure

Note: All items with comparison data recorded desirable positive change.

Commendable Outcomes from April 2008

1. “My supervisor treats people with care and respect”
2. “My supervisor provides me with truthful and honest information”
3. “My supervisor welcomes feedback from staff”
4. “My supervisor supports me to improve my skills and performance”
5. “My supervisor makes work expectations clear”
6. “My supervisor encourages me to raise new ideas and find improved ways of doing my job”

Middling Outcomes from April 2008

1. “My supervisor manages conflict fairly and promptly”
2. “My supervisor asks for my opinion before making decisions that affect my work”
3. “My supervisor provides clear and constructive feedback”

Biggest Contributions to Positive Change

1. “My supervisor manages conflict fairly and promptly”
2. “My supervisor treats people with care and respect”
3. “My supervisor asks for my opinion before making decisions that affect my work”

Trust in Leadership–Senior Manager

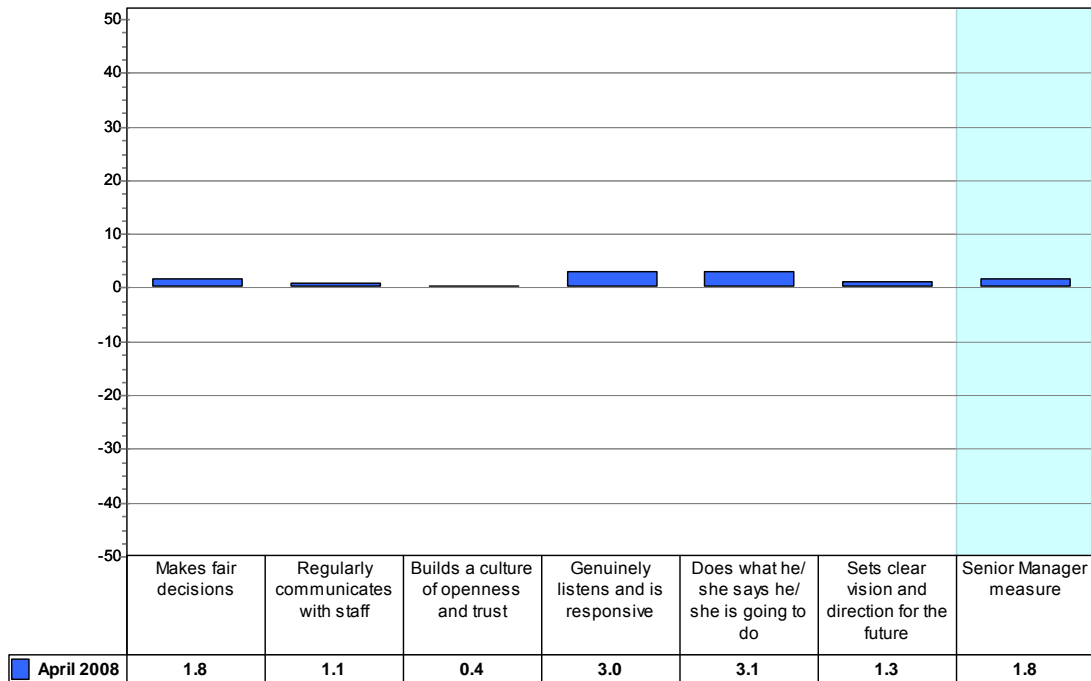


Figure 33. Results of Trust in Leadership-Senior Manager Measure

Note: All items obtained desirable positive scores.

Middling Outcomes from April 2008

1. “Senior Manager does what they say they are going to do”
2. “Senior Manager genuinely listens and is responsive to issues raised by staff”
3. “Senior Manager makes fair, transparent and consistent decisions”
4. “Senior Manager sets a clear vision and direction for the future”
5. “Senior Manager regularly communicates with staff”
6. “Senior Manager builds a culture of openness and trust”

Trust in Leadership–District/Division Executive

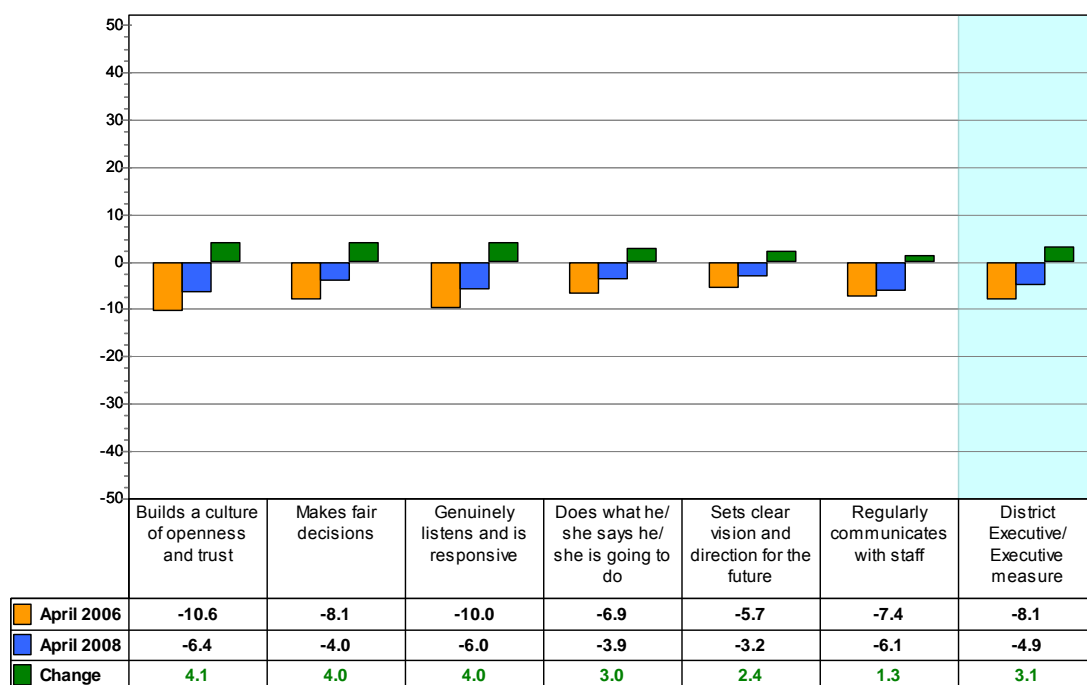


Figure 34. Results of Trust in Leadership-District/Division Executive Measure

Note: All items obtained undesirable negative scores, but desirable positive change.

Middling Outcomes from April 2008

1. “District/Division Executive sets a clear vision and direction for the future”
2. “District/Division Executive does what they say they are going to do”
3. “District/Division Executive makes fair, transparent and consistent decisions”
4. “District/Division Executive genuinely listens and is responsive to issues raised by staff”
5. “District/Division Executive regularly communicates with staff”
6. “District/Division Executive builds a culture of openness and trust”

Biggest Contributions to Positive Change

1. “District/Division Executive builds a culture of openness and trust”
2. “District/Division Executive makes fair, transparent and consistent decisions”
3. “District/Division Executive genuinely listens and is responsive to issues raised by staff”

Organisational Management Practices Measures

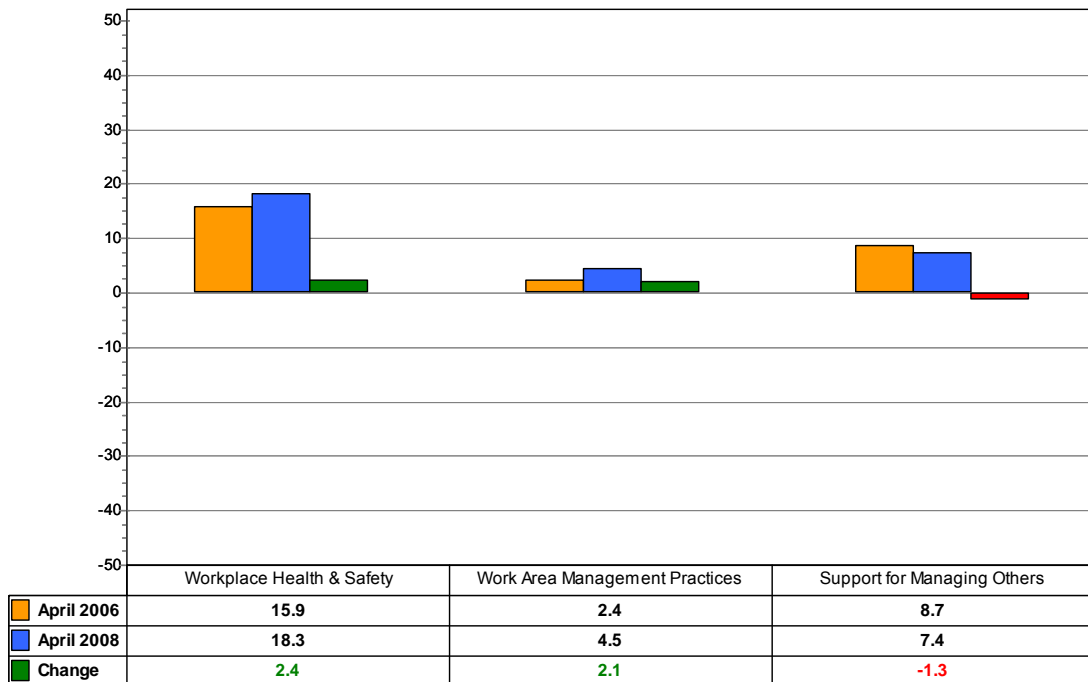


Figure 35. Results of Organisational Management Practice Measures

Commendable Outcome from April 2008

1. Workplace Health and Safety

Middling Outcomes from April 2008

1. Support for Managing Others
2. Work Area Management Practices

Positive Change

1. Workplace Health and Safety
2. Work Area Management Practices

Negative Change

1. Support for Managing Others

Workplace Health and Safety Measure

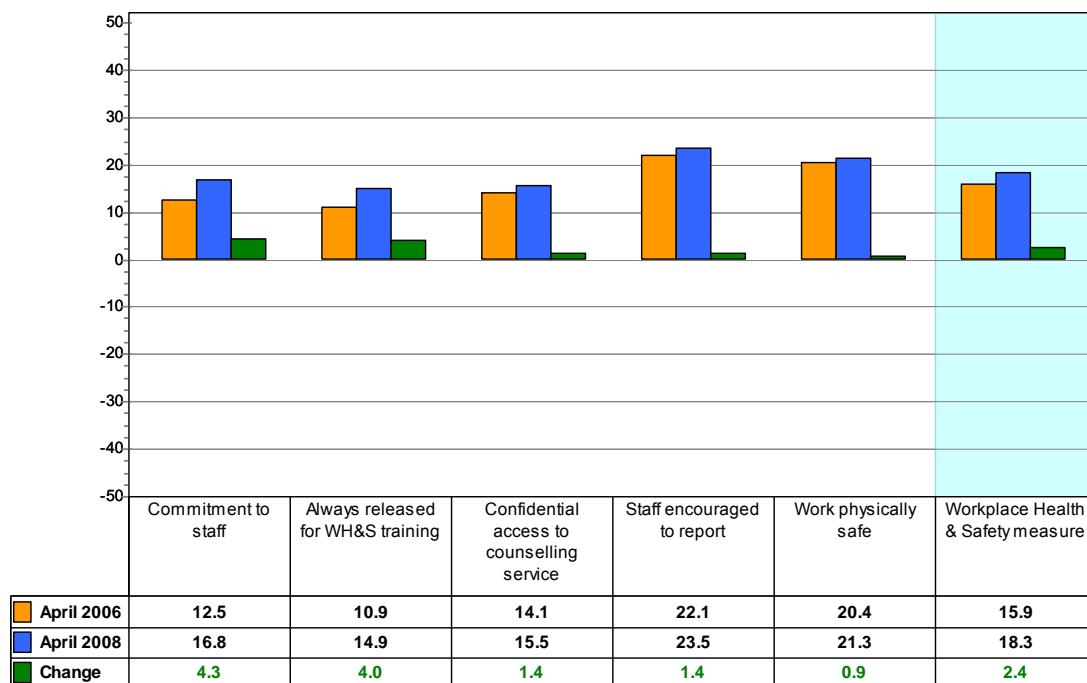


Figure 36. Results of Workplace Health and Safety Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “Staff are encouraged to always report hazards, incidents and ‘near misses’”
2. “My work is physically safe for me”
3. “There is genuine commitment by management to staff safety in my work area”
4. “I have access to a confidential counselling service (Employee Assistance Scheme – EAS) when required”
5. “I am always released for mandatory Workplace Health and Safety training”

Biggest Contributions to Positive Change

1. There is genuine commitment by management to staff safety in my work area”
2. “I am always released for mandatory Workplace Health and Safety training”

Support for Managing Others Measure

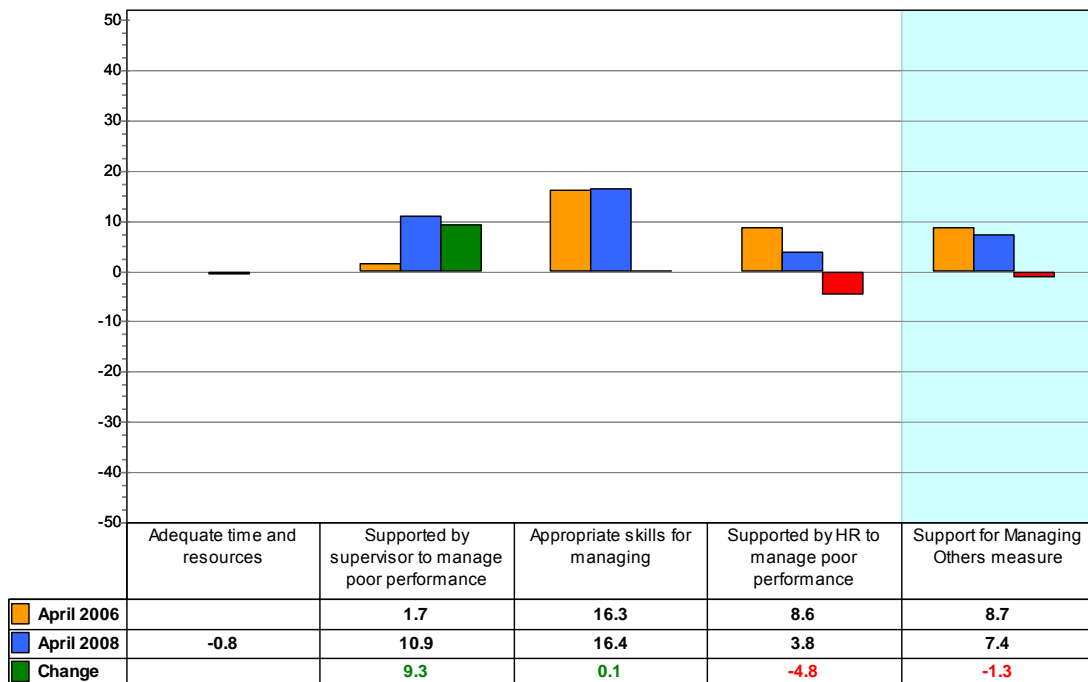


Figure 37. Results of Support for Managing Others Measure

Commendable Outcomes from April 2008

1. “I am confident that I have appropriate skills for managing staff performance”
2. “I am supported by my supervisor/line manager to manage poor performance”

Middling Outcomes from April 2008

1. “I am supported by Human Resources (HR) to manage poor performance” - *Item recorded negative change.*
2. “I have adequate time and resources to manage my staff” - *Item recorded an undesirable negative score*

Biggest Contribution to Negative Change

1. “I am supported by Human Resources (HR) to manage poor performance”

Note: While overall, the Support for Managing Others measure reported negative change, the item “I am supported by my supervisor/line manager to manage poor performance” has recorded positive change, as has the item “I am confident that I have appropriate skills for managing staff performance”.

Figure 38 shows the variability in scores of Support for Managing Others across occupation stream groups. The scores for Occupation groups from April 2006 from the subgroup of respondents who manage others are included for comparison.

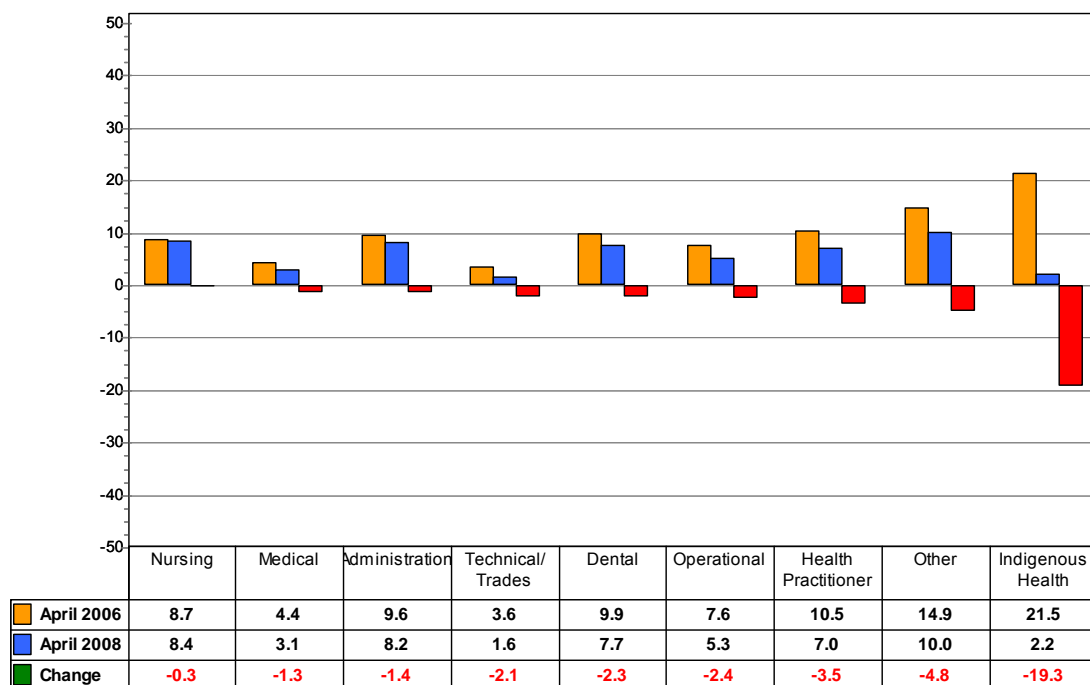


Figure 38. Results of Support for Managing Others (by occupation stream groups)

Figure 38 shows that across Occupation streams respondents who supervise or manage others are reporting lower scores for Support for Managing Others than their counterparts in April 2006.

Work Area Management Practices Measure

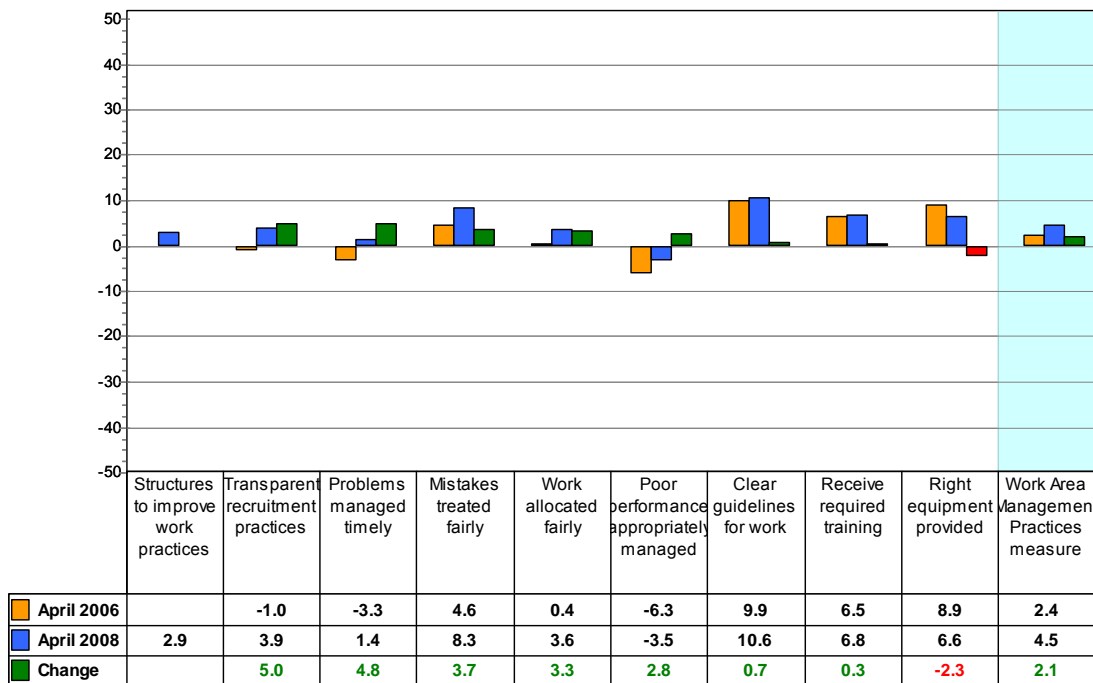


Figure 39. Results of Work Area Management Practices Measure

Commendable Outcomes from April 2008

1. “There are clear guidelines and policies for how we work”

Middling Outcomes from April 2008

1. “Staff are treated fairly when mistakes are made”
2. “Staff receive the training that they need to do their work”
3. “Staff are provided with the right equipment to complete their work” - *Item recorded undesirable negative change*
4. “Recruitment and selection practices are transparent and fair” - *Item improved to a desirable positive score*
5. “Work is allocated fairly”
6. “There are structures and routines which encourage staff, collectively, to evaluate and improve their work practices”
7. “Problems are managed in a timely and appropriate manner” - *Item improved to a desirable positive score*

8. “Poor performance is appropriately managed” - *Item remained an undesirable negative score*

Biggest Contributions to Positive Change

1. “Recruitment and selection practices are transparent and fair”
2. “Problems are managed in a timely and appropriate manner”

Employee Engagement Measure

Note: *Employee Engagement is a new measure for the 2008 “Better Workplaces” survey; therefore, prior survey and change outcomes are not available.*

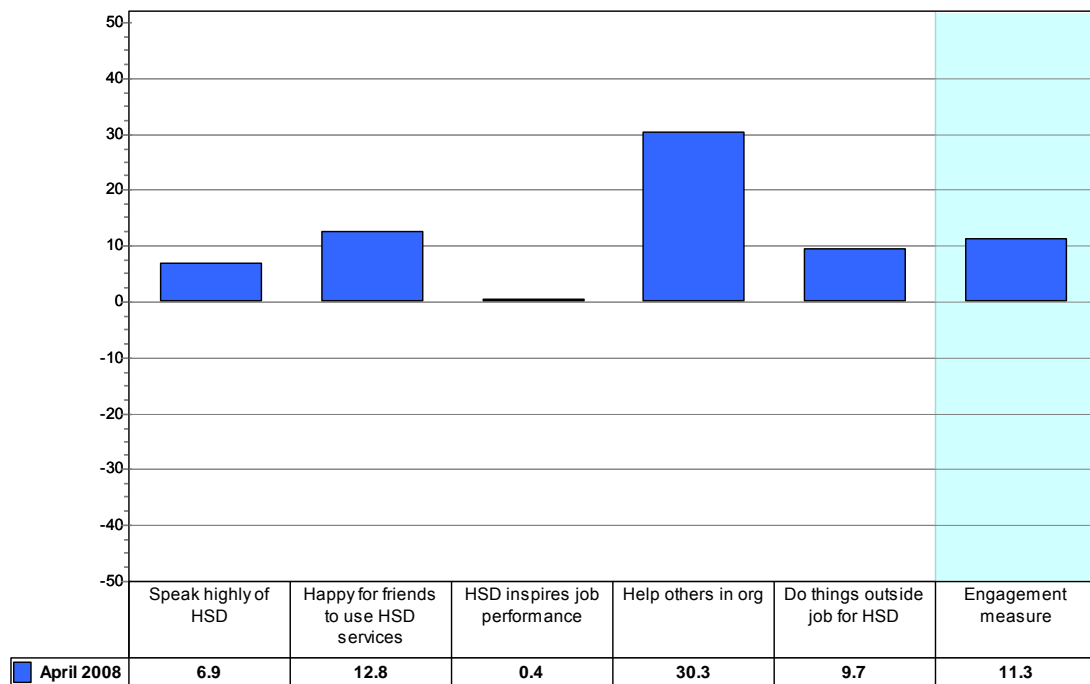


Figure 40. Results of Employee Engagement Measure

Note: *All items recorded desirable positive scores.*

Outstanding Outcomes from April 2008

1. “I try to help others in this organisation whenever I can”

Commendable Outcomes from April 2008

1. “I would be happy for my friends and family to use this health service district’s services”
2. “I volunteer to do things outside my job that contribute to the health service district’s objectives”

Middling Outcomes from April 2008

1. “I speak highly of this health service district to my friends”
2. “This health service district really inspires the very best in me in the way of job performance”

Clinical Work Measures

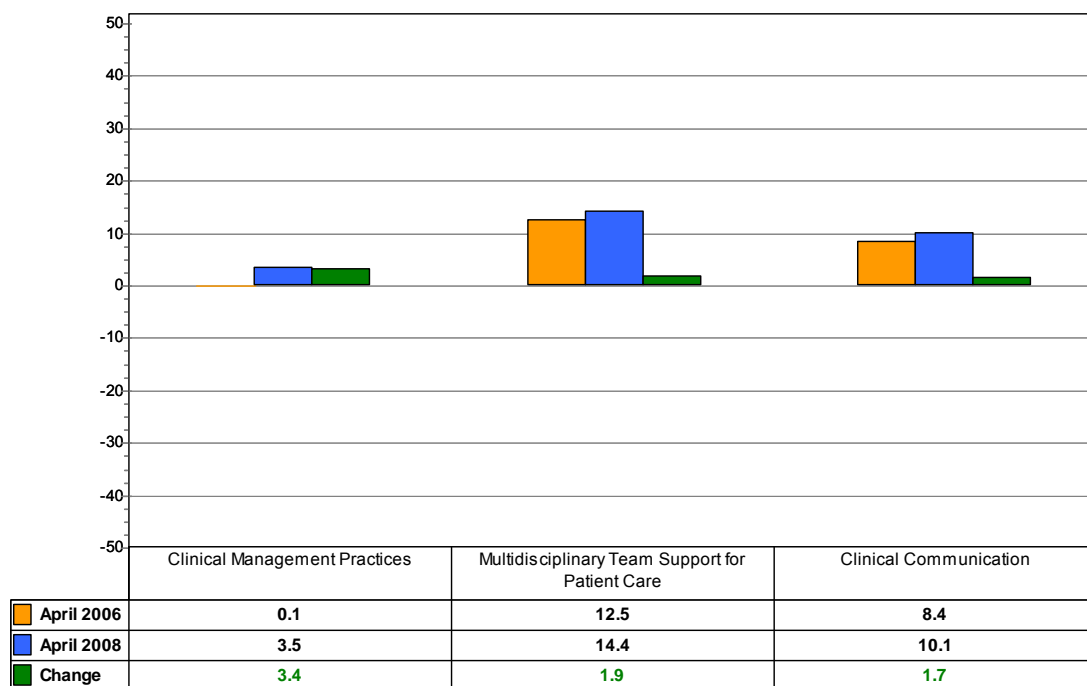


Figure 41. Results of Clinical Work Measures

Note: All measures recorded desirable positive change.

Commendable Outcomes from April 2008

1. Multidisciplinary Team Support for Patient Care
2. Clinical Communication

Middling Outcome from April 2008

1. Clinical Management Practices

Clinical Work Measures – Clinical Management Practices



Figure 42. Results of Clinical Management Practices Measure

Note: All items recorded desirable positive change.

Commendable Outcome from April 2008

1. “I am expected to perform within my skills and abilities”

Middling Outcomes from April 2008

1. “There are good quality management systems”
2. “Rostering practices are based on providing the right skill mix for patient care”
3. “Rostering practices are fair and equitable for staff”
4. “There is a system to monitor the work performance of each clinician”
5. “Sufficient time and resources are devoted to clinical skills development” - *Item improved to a desirable positive score*
6. “Clinical teams participate in decisions about funding allocation for patient care” - *Item remained an undesirable negative score*

Biggest Contribution to Positive Change

1. “Sufficient time and resources are devoted to clinical skills development”

Clinical Work Measures – Clinical Communication

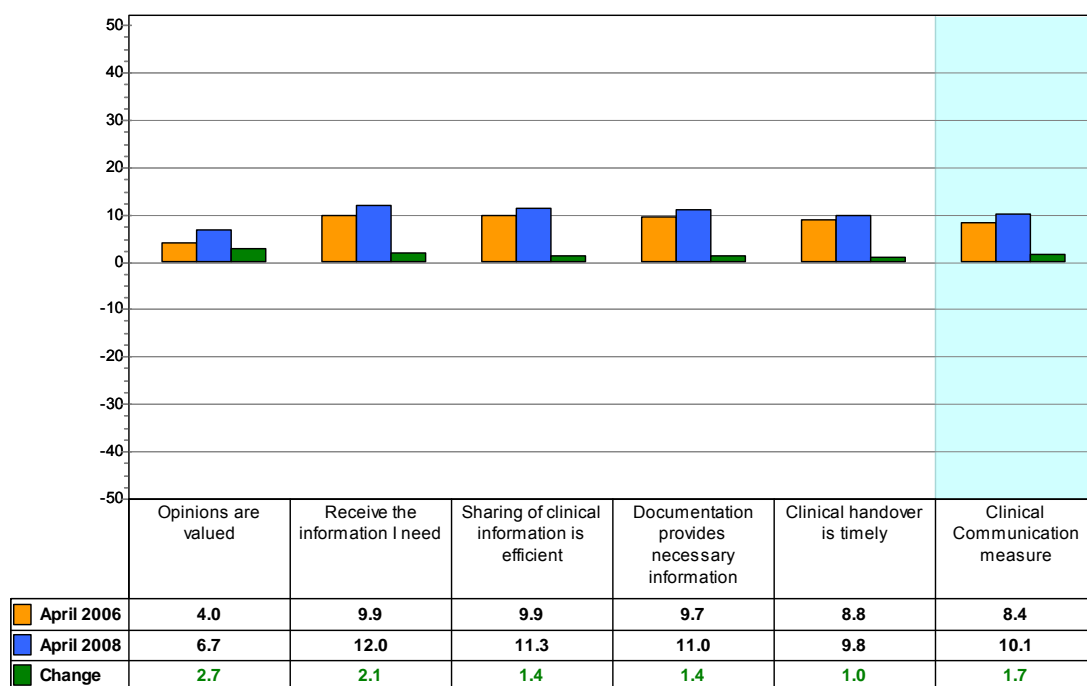


Figure 43. Results of Clinical Communication Measure

Note: All items recorded desirable positive change.

Commendable Outcomes from April 2008

1. “I receive the information I need to carry out my work to the best of my ability”
2. “In general, the sharing of clinical information is efficient and timely”
3. “Clinical documentation provides the necessary information I need to do my job”
4. “Clinical handover is timely and efficient”

Middling Outcome from April 2008

1. “My opinions about improving clinical services are valued”

Biggest Contribution to Positive Change

1. “My opinions about improving clinical services are valued”

Clinical Work Measures – Multidisciplinary Team Support for Patient Care

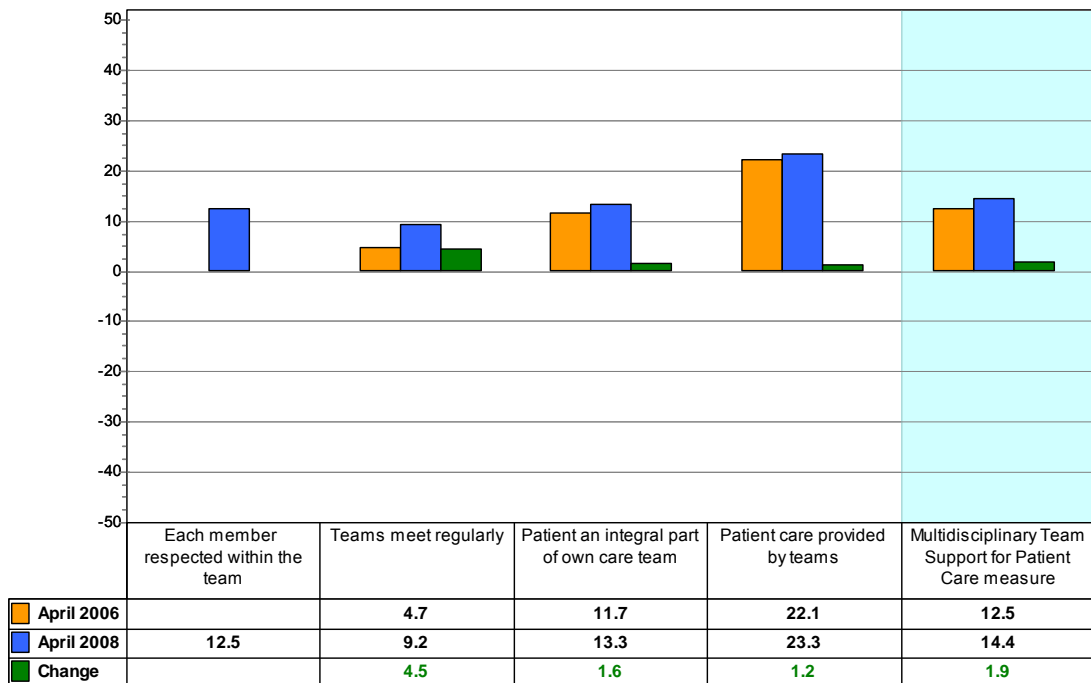


Figure 44. Results of Multidisciplinary Team Support for Patient Care Measure

Note: All items with comparison data recorded desirable positive change.

Commendable Outcomes from April 2008

1. “Patient care is provided by multidisciplinary teams”
2. “The patient is an integral part of their own care team”
3. “Each member of a multidisciplinary team is respected within the team for their contribution to the team’s goals and objectives”
4. “Multidisciplinary teams meet regularly to plan and review patient care”

Biggest Contribution to Positive Change

1. “Multidisciplinary teams meet regularly to plan and review patient care”

Table 5 shows that 59% of respondents who work in a clinical environment agree that if they were a patient in the facility they work in, they would be happy with the standard of care provided.

Table 5. Percentage of responses: “If I were a patient in the facility that I work in, I would be happy with the standard of care provided”

Clinical Group (N = 3 628)	Disagree (%)	Neither (%)	Agree (%)	No Response (%)
April 2008	17.3	23.2	58.5	1.0

Results from Individual Items

Percentages and number of responses are shown for the following items:

- Career Intentions
- Immediate Supervisor
- Harmful Behaviours
- Performance Review
- Quality in Workplace

Items relating to Career Intentions

The percentage and number of responses to each of the items related to career intentions are shown in Figures 45 to 48.

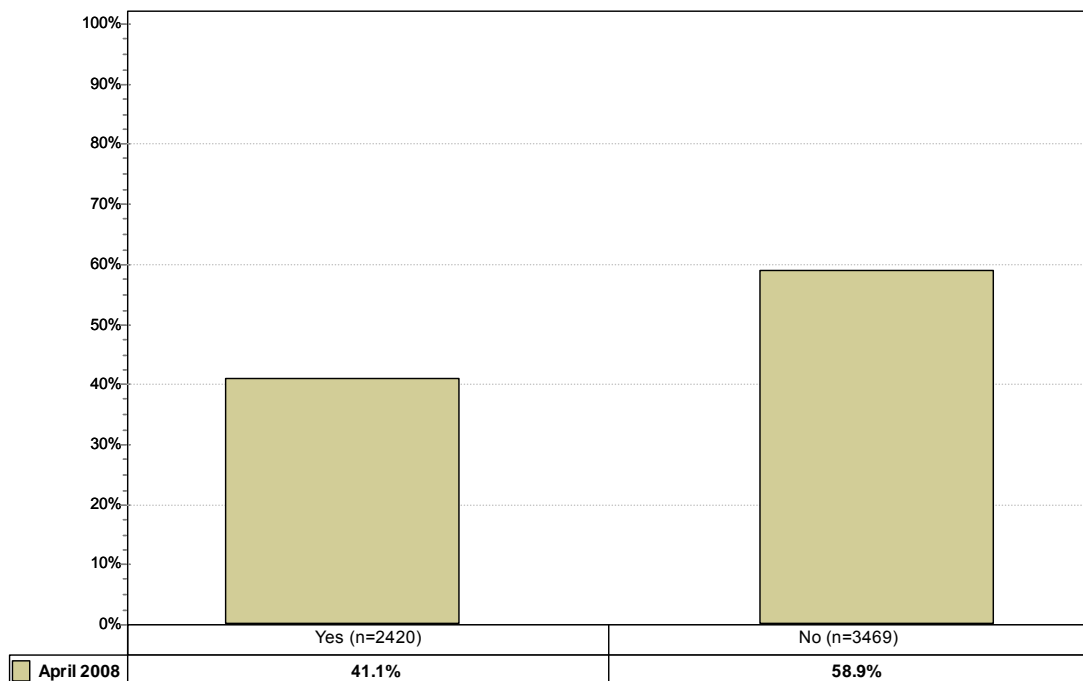


Figure 45. Frequency of responses: “Are you considering leaving your job?”

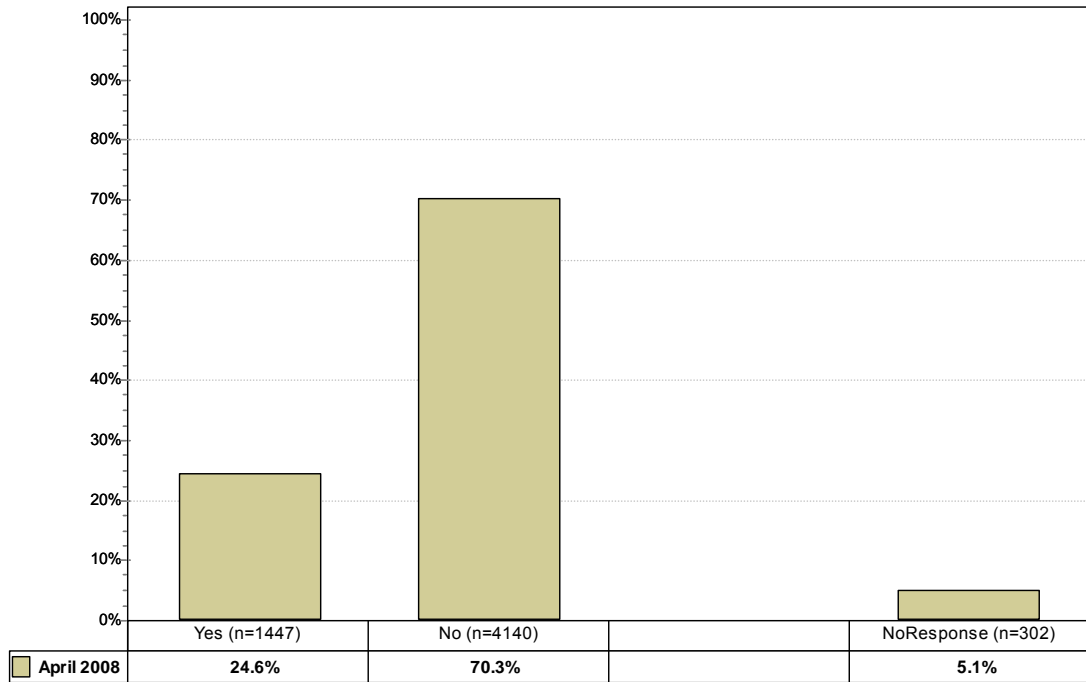


Figure 46. Frequency of responses: “I am currently actively looking for another job”

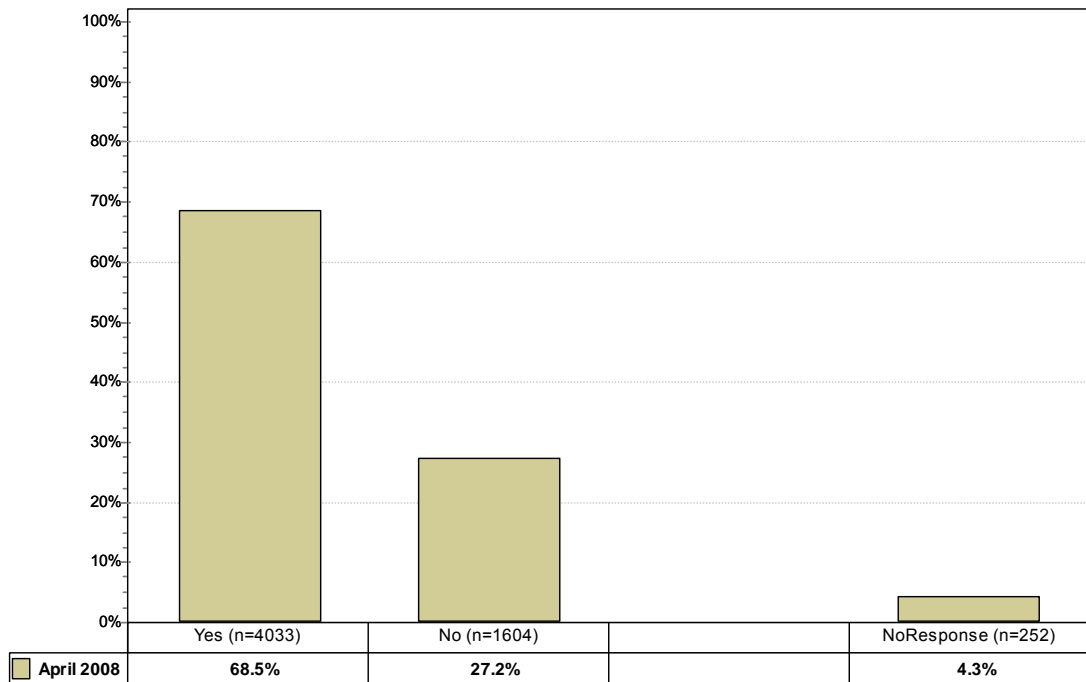


Figure 47. Frequency of responses: “If I leave my current job, I would want to stay in Queensland Health”

Figures 45 to 47 show that 41% of respondents are considering leaving their job and 25% are currently actively looking for another job, while 69% want to stay in Queensland Health if they leave their current position. The reasons respondents indicated for considering leaving their job are shown in Figure 48.

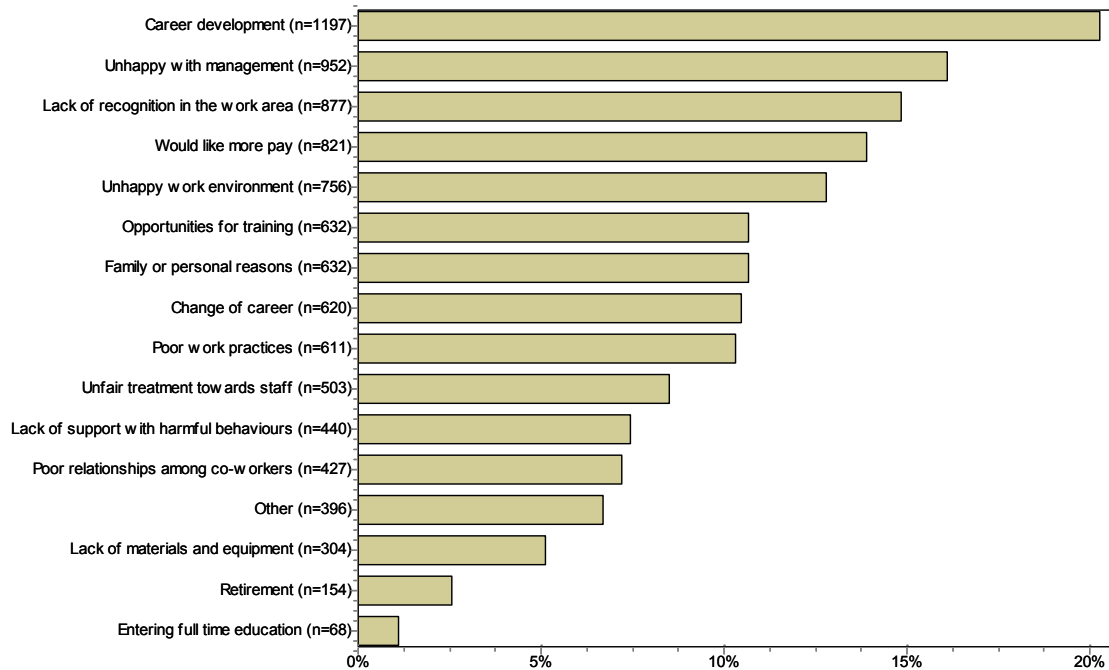


Figure 48. Frequency of responses: Reasons for considering leaving current job

Item relating to Immediate Supervisor

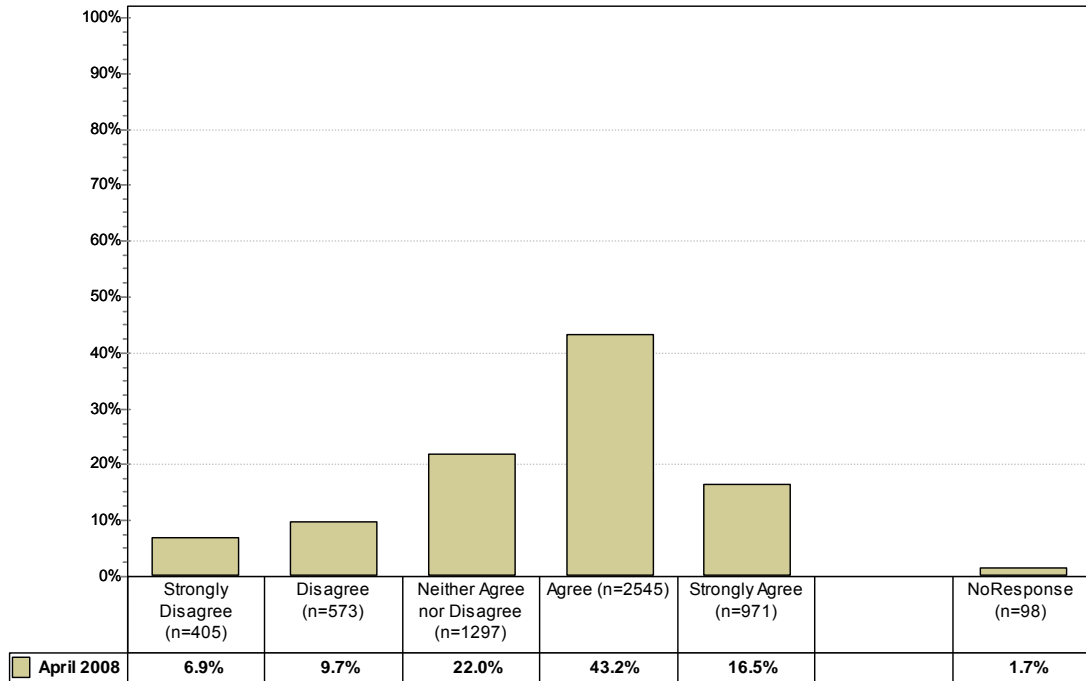


Figure 49. Frequency of responses: “My supervisor and I trust each other”

Figure 49 shows that approximately 60% of respondents agree (combined strongly agree and agree) with the item “My supervisor and I trust each other”.

Items relating to Harmful Behaviours

The percentages and numbers of responses to a series of items in the survey that relate to harmful behaviour are presented in the following figures. Figures 50 and 51 present responses related to the reporting of harmful behaviours and trust in the process for managing harmful behaviour. Figures 52 to 55 and Tables 6 and 7 present responses related to the experience of harmful behaviours, the source and effect of harmful behaviours, action taken on reported harmful behaviours, and reasons for not reporting harmful behaviours.

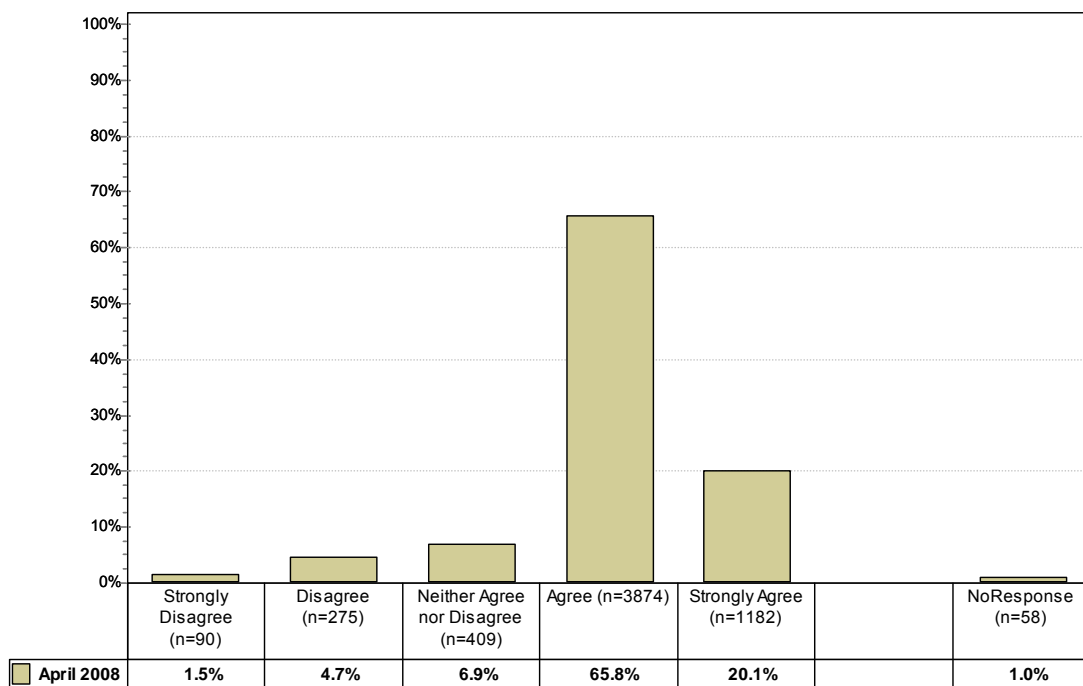


Figure 50. Frequency of responses: “I know how to report harmful behaviours if I experience them in the work area”

Figure 50 shows that 86% of respondents agree (combined strongly agree and agree) that they know how to report harmful behaviour if experienced in the work area.

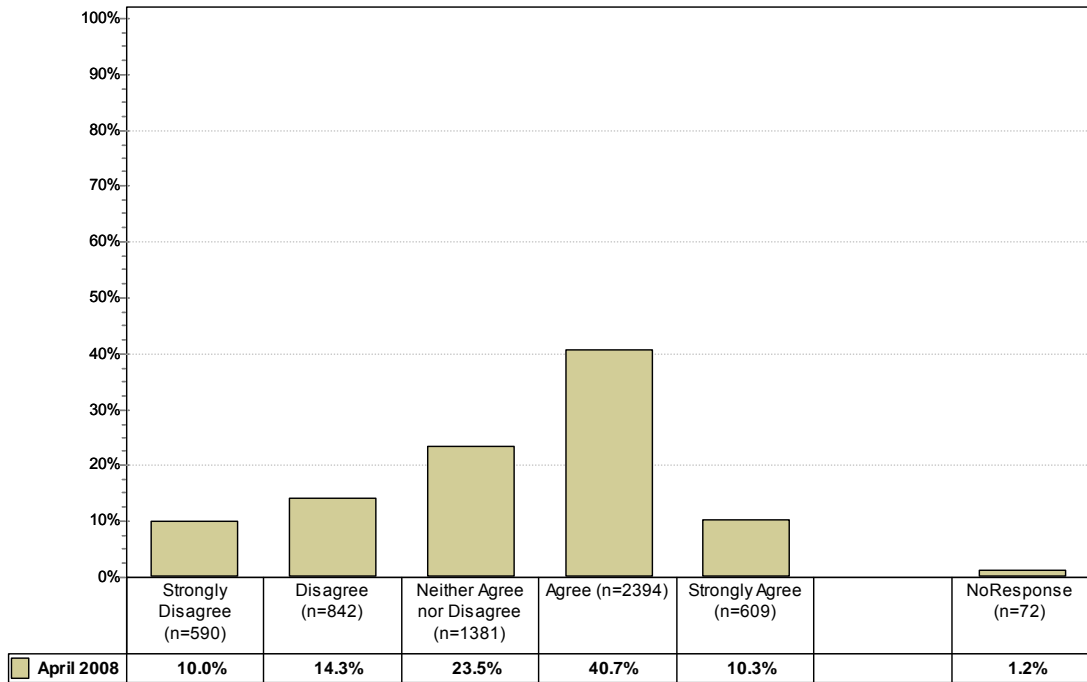


Figure 51. Frequency of responses: “I trust the process for managing harmful behaviours that breach the Code of Conduct”

Figure 51 shows that 51% of respondents (combined strongly agree and agree) trust the process for managing harmful behaviours that breach the Code of Conduct.

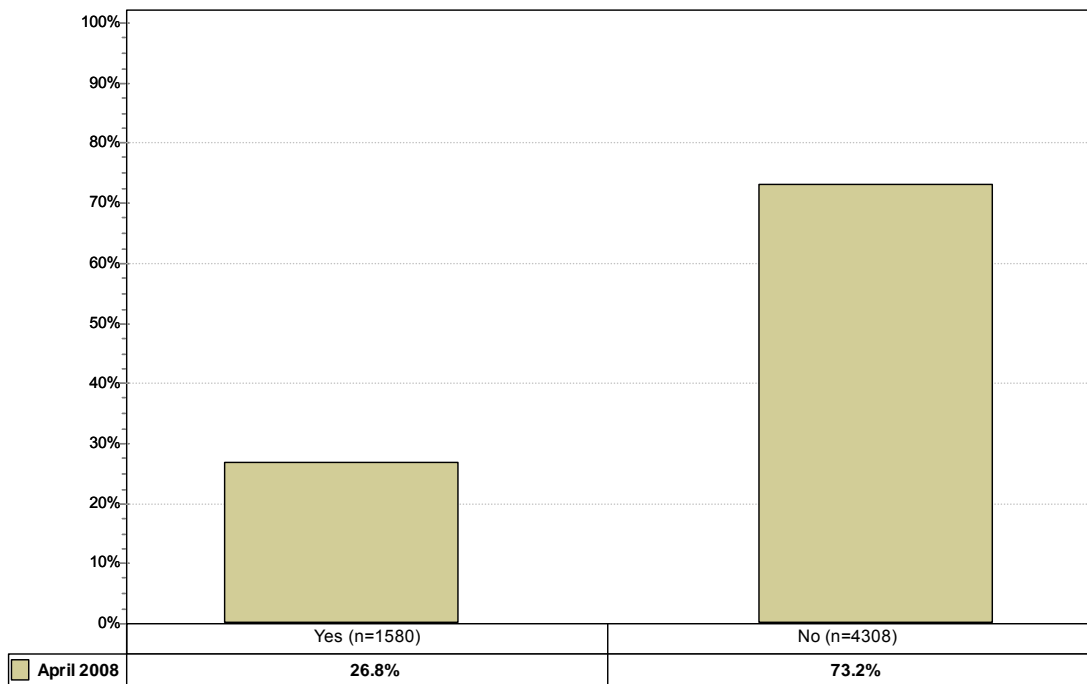


Figure 52. “In the past 6 months I have experienced harmful behaviours directed toward myself in my work area”

Figure 52 shows that 27% of respondents reported experiencing harmful behaviours directed toward them in their work area in the past 6 months. This percentage is lower than the 29% of harmful behaviours experienced in April 2006.

Respondents also indicated that 1 365 incidents of harmful behaviour had affected them negatively. Table 6 shows the percentage of different sources who directed the harmful behaviours toward respondents.

Table 6. Number and Percentage of Sources of Harmful Behaviours

Source of Harmful Behaviours	%
Co-workers	41.9
Supervisors/Managers	33.9
Patients/Clients	18.1
Visitors/Relatives	6.2
Total	100.0

For the incidents that affected respondents negatively (N = 1 365) the frequency of effects experienced from different sources are shown in Figure 53.

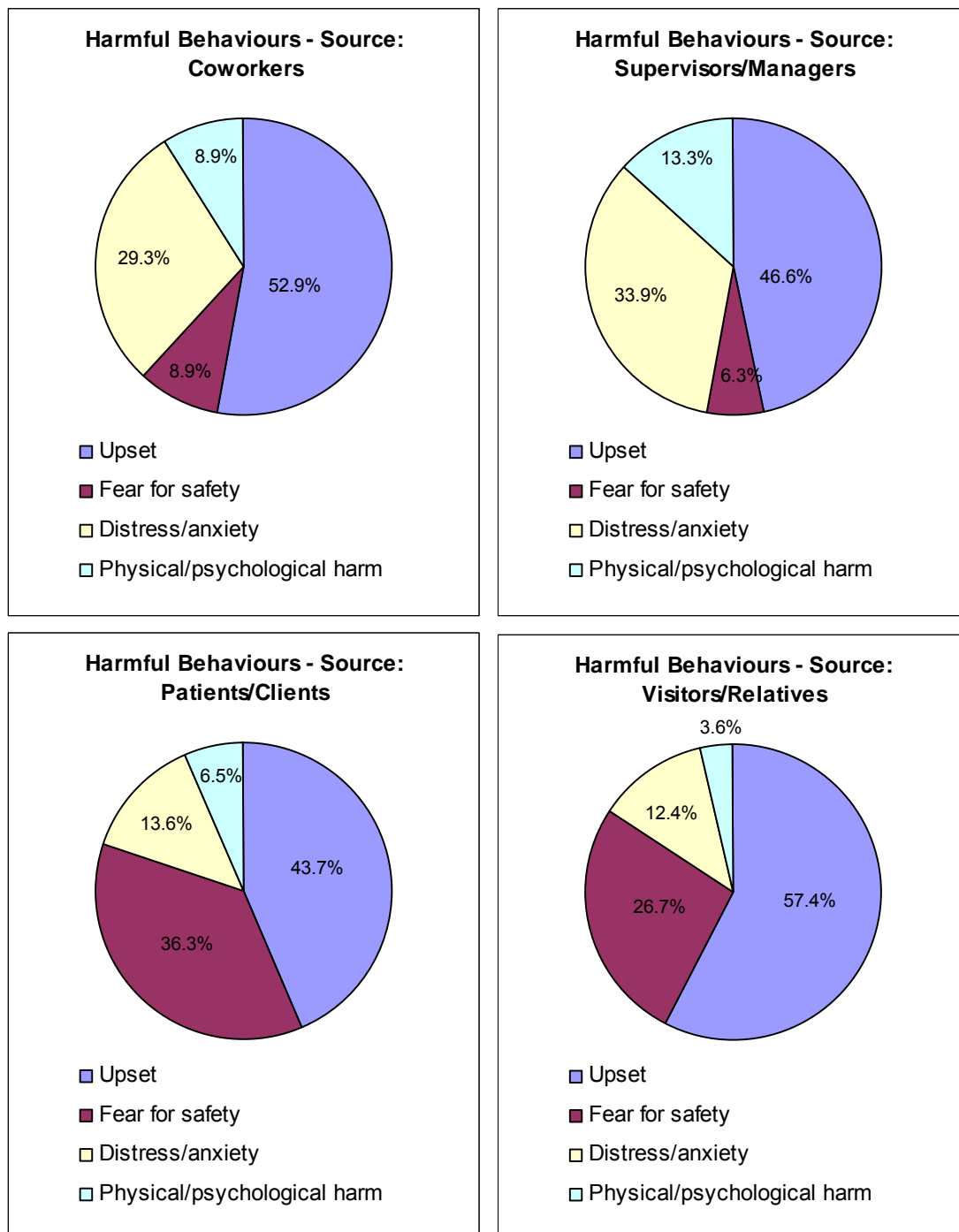


Figure 53. Frequency of responses: Experienced effects from source of harmful behaviour

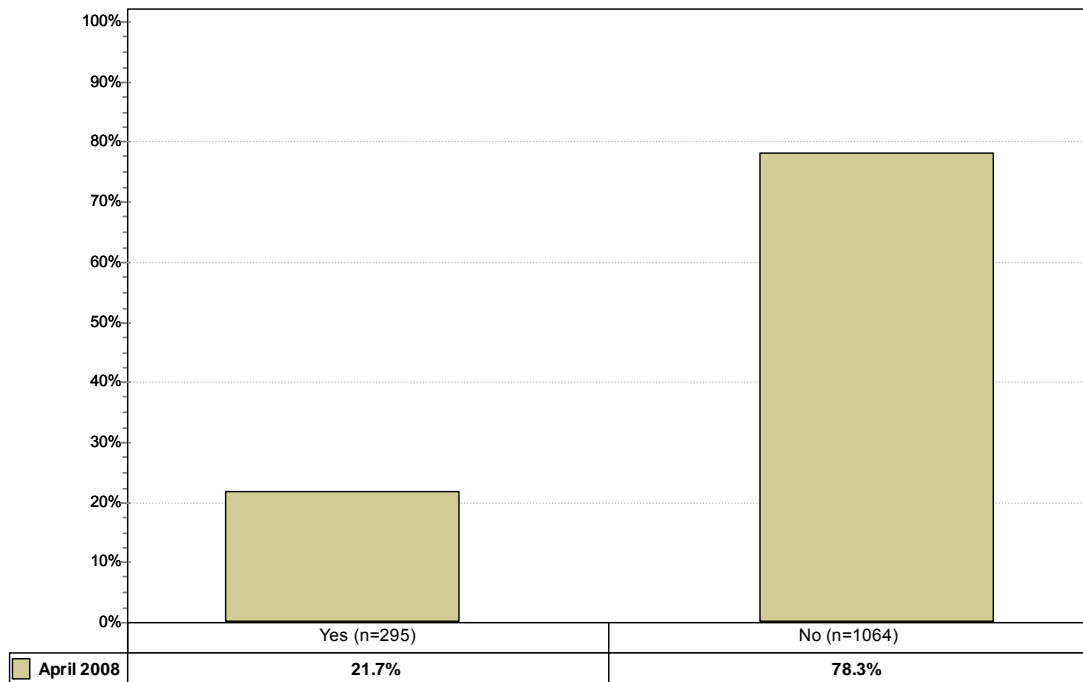


Figure 54. “In the past 6 months I have experienced harmful behaviours from staff I manage or supervise”

Figure 54 shows that 22% of the subgroup of respondents who manage staff, and who responded to the item related to harmful behaviour while managing or supervising, reported experiencing harmful behaviours from staff they manage or supervise.

Table 7. Harmful Behaviours Reported Formally and Some Action Taken

	Reported formally	Action taken
	N	N
April 2008	729	548

Table 7 shows that for the 53% (729 of 1 365) of incidents of harmful behaviour that respondents reported formally, they were aware that some action was taken about 75% (548) of these incidents.

Figure 55 shows the percentage and number of respondents who provided reasons for not reporting incidents of harmful behaviour.

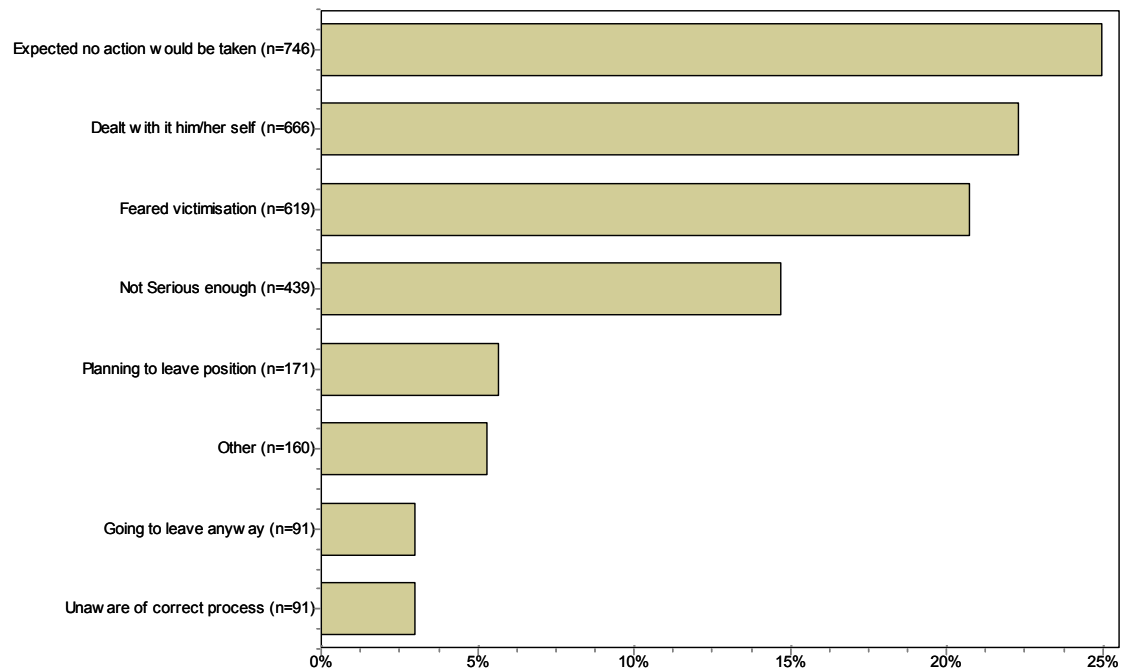


Figure 55. Frequency of reasons respondents provided for not reporting harmful behaviours

Items relating to Performance Review

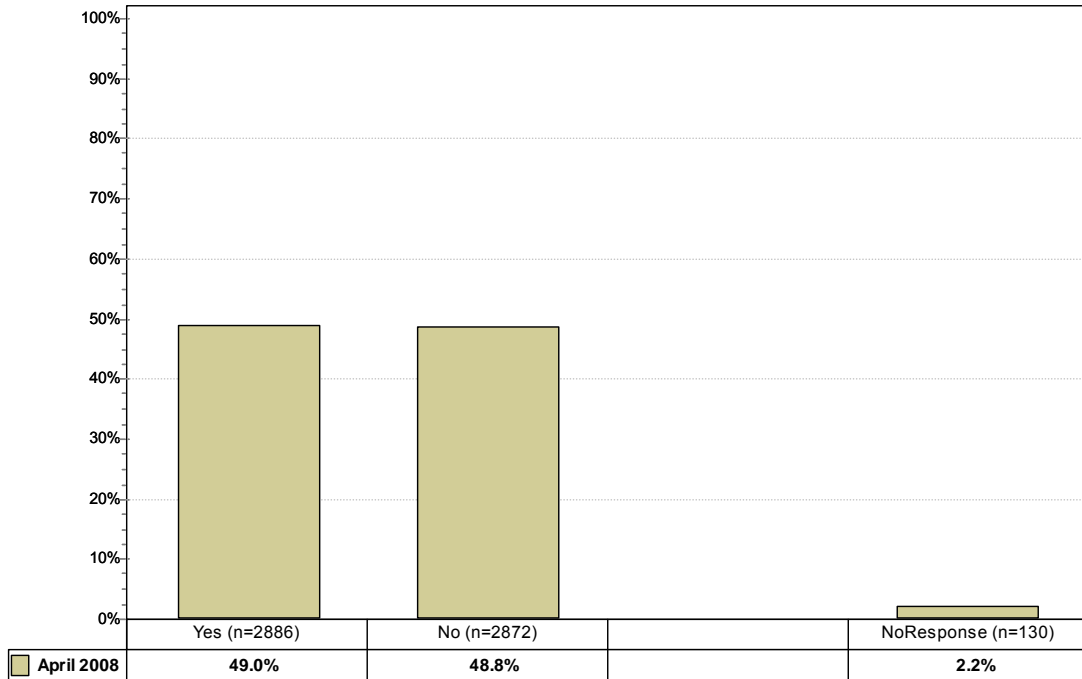


Figure 56. “I have had a formal performance review (i.e. PAD) in the last 12 months”

Figure 56 shows that 49% of respondents reported having a formal performance review (i.e. PAD) in the last 12 months.

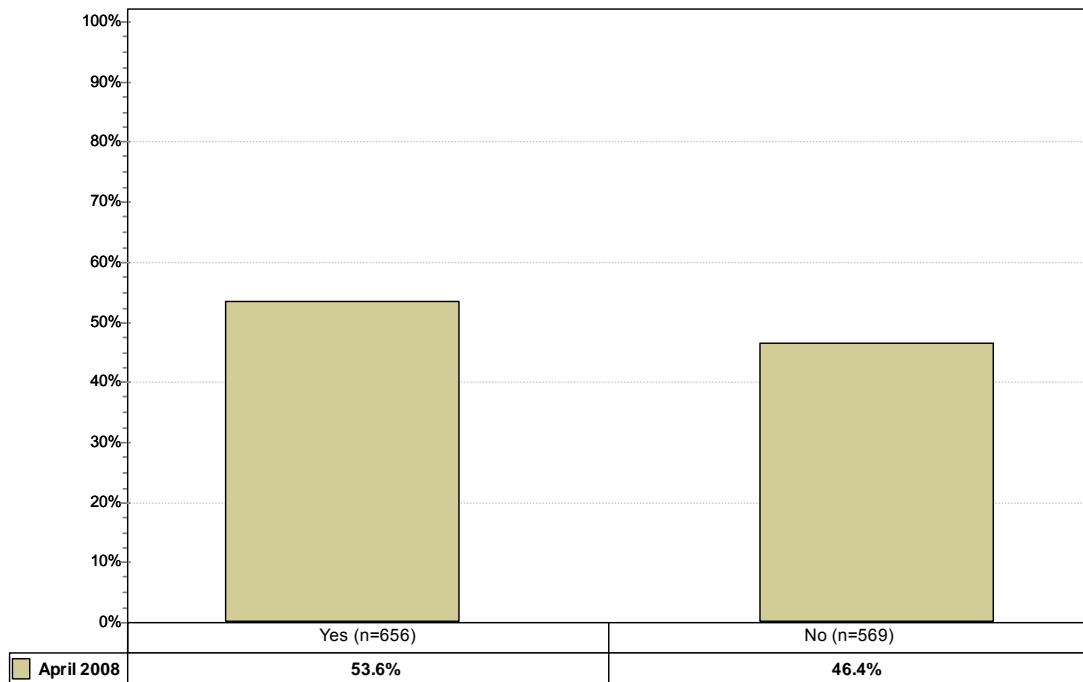


Figure 57. “I have conducted performance reviews with all my direct report staff in the last 12 months”

Figure 57 shows that 54% of supervisors and managers reported conducting performance reviews with all their direct staff in the last 12 months. This percentage is greater than the 49% of supervisors and managers who reported conducting performance reviews with all direct staff in April 2006.

Items relating to Quality in Workplace

Respondents were asked to indicate up to

- Five most important things that need to improve in their work area.
- Five best things about their work area from the same list of indicators.

Figure 58 and 59 present the percentages of responses in descending order.

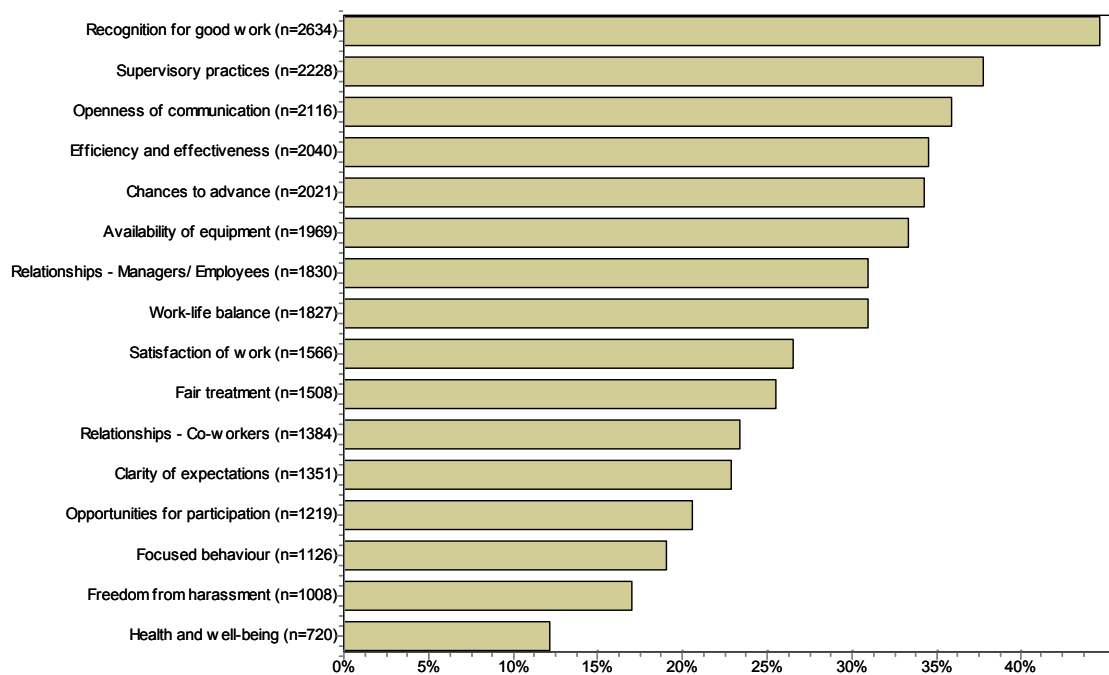


Figure 58. Most important Indicators that need to improve in the workplace

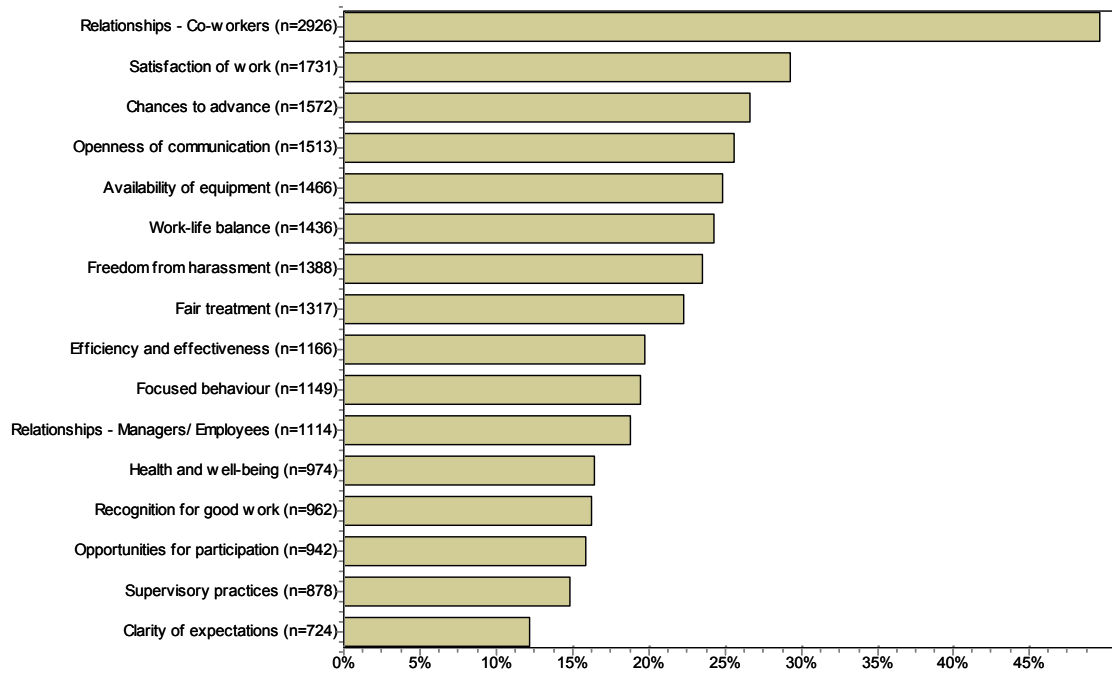


Figure 59. Best Indicators of Quality in the Workplace

Section C: Results from Comments

Comments

Free text comments were written in response to the following questions: “What has improved in your work area in the last 6 months?” and “What are your other realistic suggestions for making things better at your work area?” The counts of improvements and suggestions made in the last six months are presented as 15 main themes in Table 8. The domains of the 15 themes are presented in Appendix C.

Table 8. Improvements and Suggestions made in the last six months

Main Themes	Total Number of Comments	Improvements Made	Suggestions	Ratio of Improvements to Suggestions (rounded off)
Workplace functioning	1 874	526	1 348	1:3
Infrastructure issues	1 439	384	1 055	1:3
Leadership skills	1 029	325	704	1:2
Staffing	969	333	636	1:2
Organisational structure issues	904	124	780	1:6
Workplace conduct and behaviours	849	252	597	1:2
Training and professional development	782	195	587	1:3
Communication practices	703	170	533	1:3
Employment conditions	523	106	417	1:4
Recruitment, retention and career pathway processes	451	78	373	1:5
Recognition	373	47	326	1:7
Management practices	238	28	210	1:8
Questionnaire	77	6	71	1:12
Public/patients	50	4	46	1:12
Rural/remote issues	8	0	8	0:8

Section D: General Information

Response Rate

Of the 5 906 surveys returned, 5 888 were valid and useable. Table 9 provides the web and valid paper survey counts and response rates overall for the participating districts and divisions and their individual response rates.

Table 9. Response Rate

	Total possible respondents	Actual paper based respondents	Actual web based respondents	Response Rate (%)
QH Overall				
April 2008	16 392	3 919	1 969	35.9
Districts and Divisions				
Cairns and Hinterland	3 853	1 061	708	45.9
Mt Isa	586	203	131	56.9
South West	866	233	40	31.5
Wide Bay	1 335	394	77	35.3
RBWH	7 350	1 600	355	26.6
Fraser Coast	1 494	428	146	38.4
Information Division	873	-	486	55.7
QCMHL	35	-	26	74.3

Demographic Details of Respondents

Demographic details of the sample (N = 5 888) are provided in the table and graphs to follow.

Table 10. Details of sample

Gender	Count	Percent
Female	4 575	77.7
Male	1 257	21.3
Didn't indicate	56	1.0

Subgroups	Count	Percent
Clinical	3 628	61.6
Manage Others	1 370	23.3

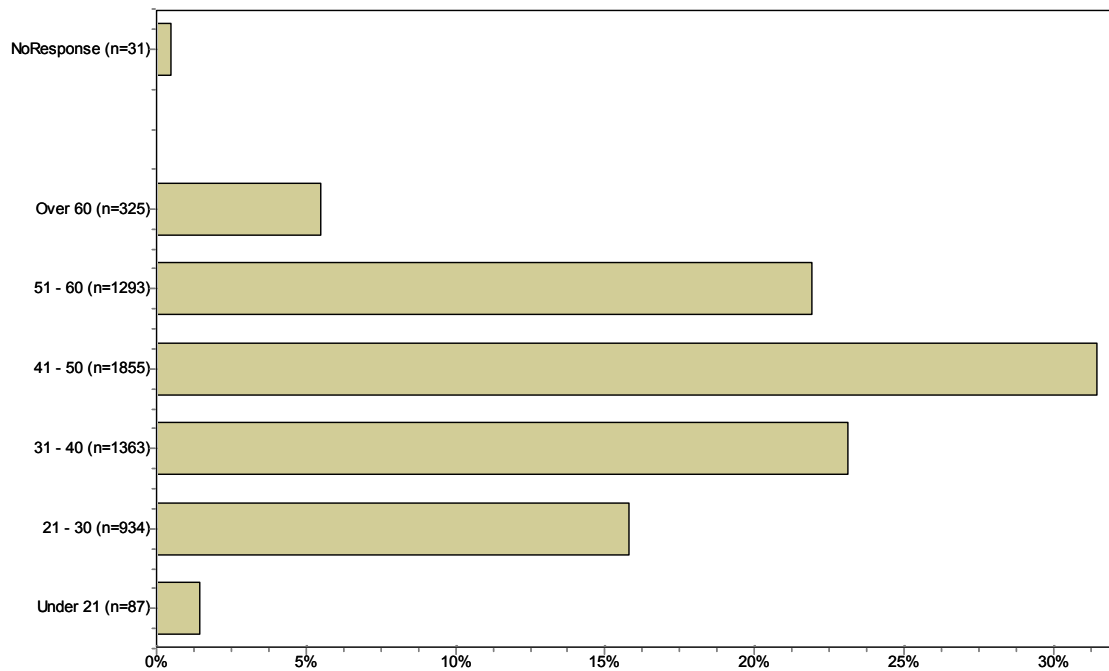


Figure 60. Age of Respondents

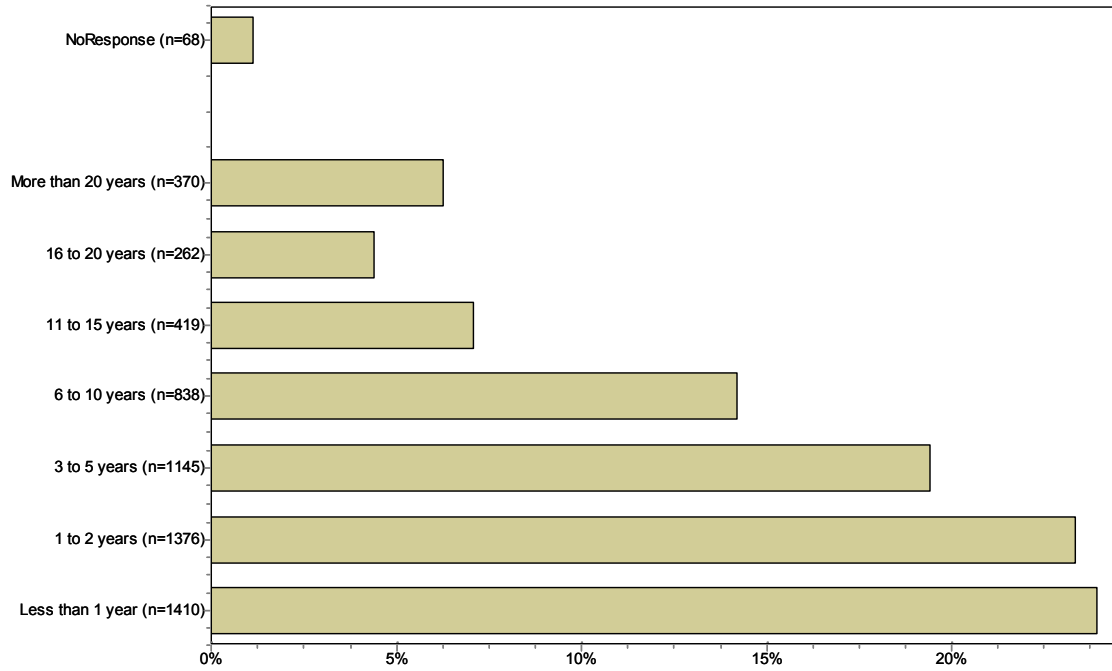


Figure 61. Length of Time Working in Current Role

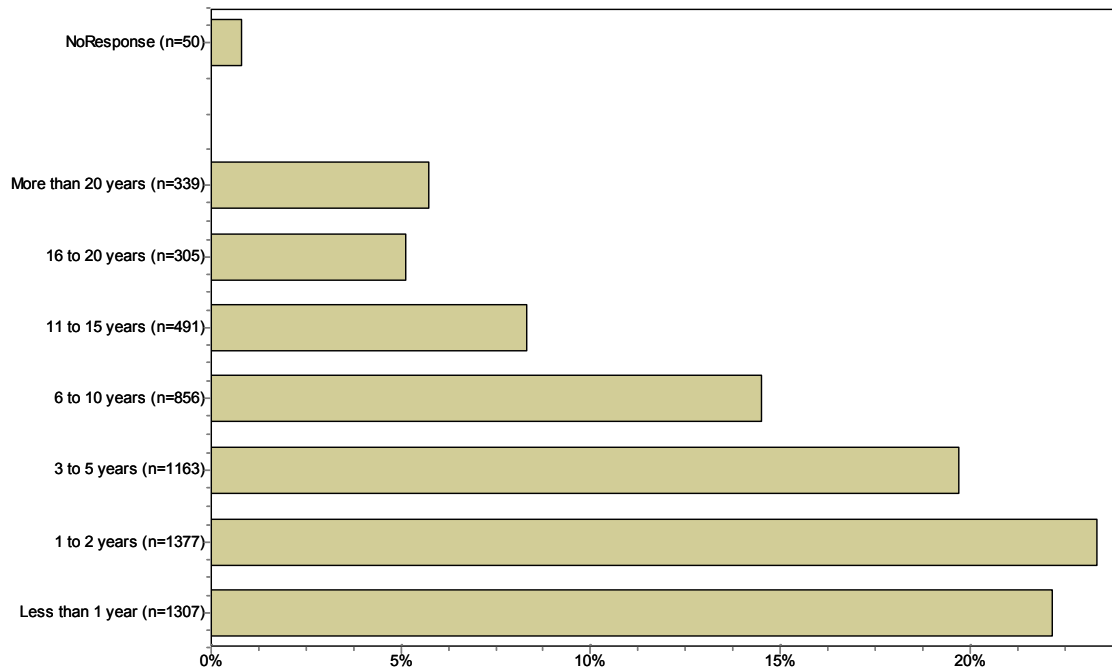


Figure 62. Length of Time Working at Current Work Location

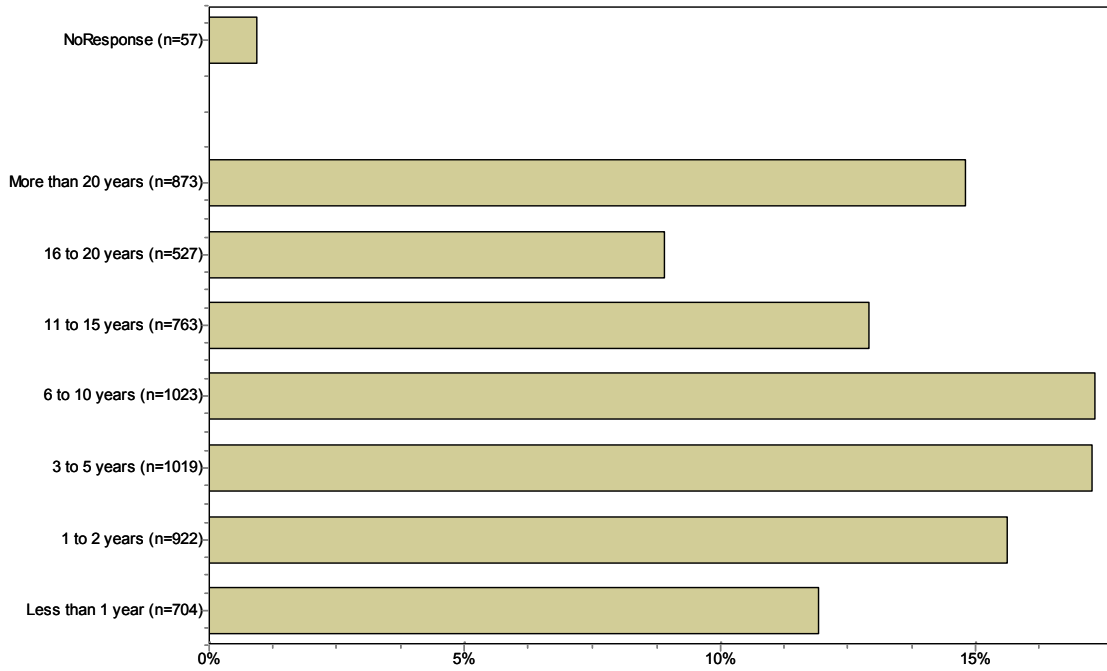


Figure 63. Length of Time Working for Queensland Health

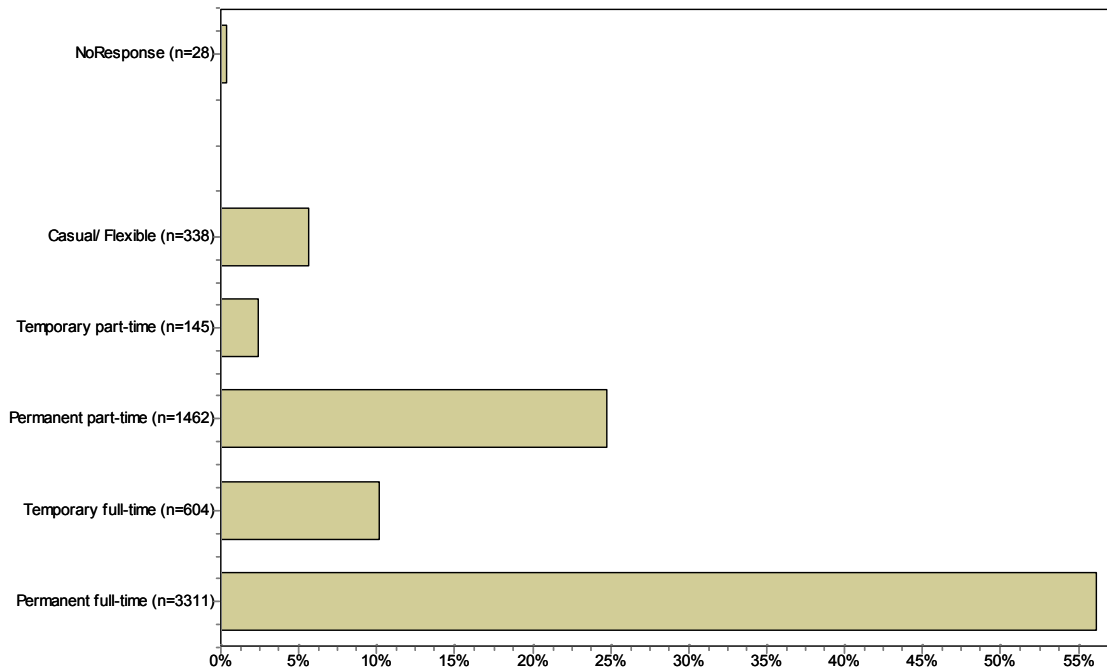


Figure 64. Current Employment Status of Respondents

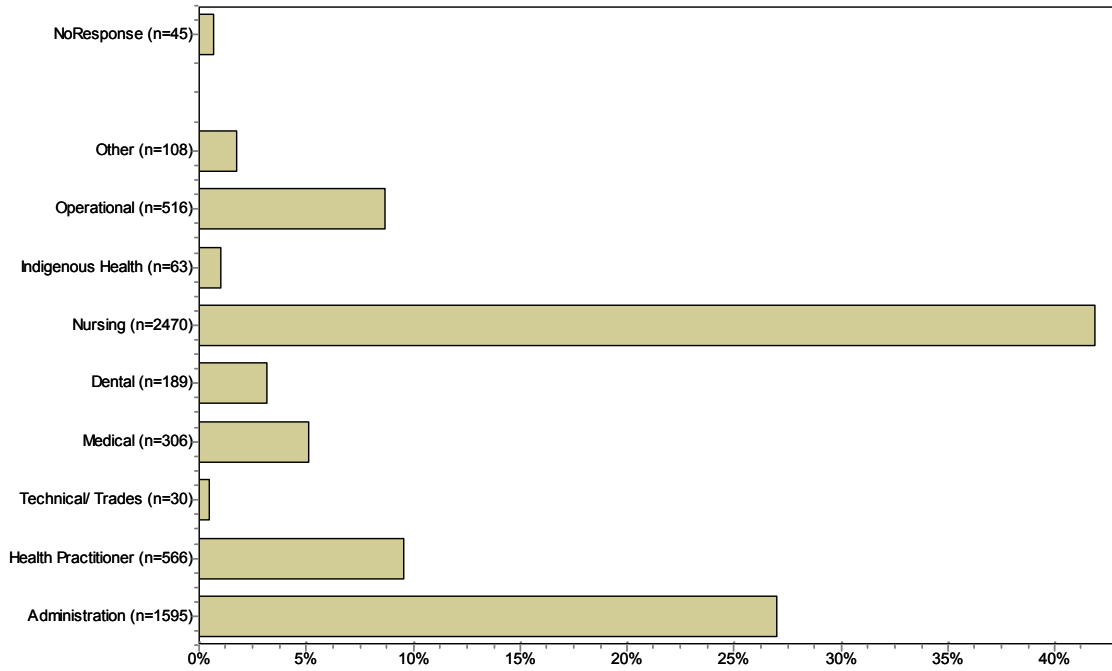


Figure 65. Occupation Stream Groups

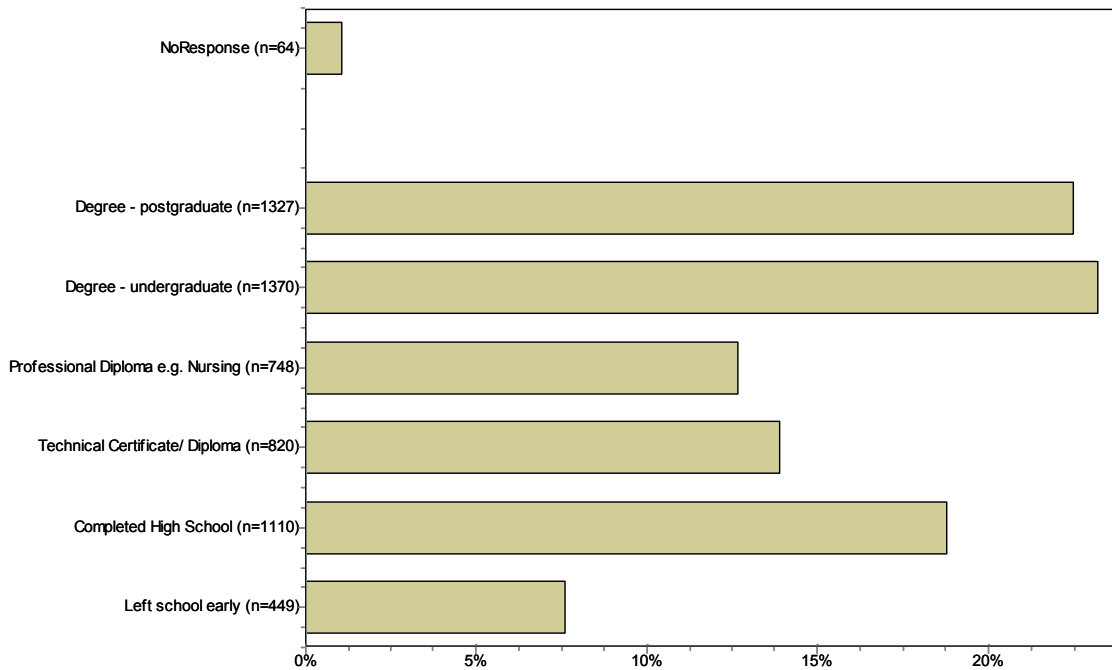


Figure 66. Highest Educational Level Achieved

Glossary of Key Terms

Adverse Outcome	Outcome situated below -30.2 OU for positive indicators and above 30.2 for negative indicators.
Benchmark	Comparison data used as a standard against which survey results can be measured. The most informative benchmark to indicate change is a comparison against self (e.g. same district/division over time) using results from prior survey periods.
Challenging Outcome	Outcome situated at between -8.8 OU and -30.2 OU for positive indicators and between 8.8 OU and 30.2 OU for negative indicators.
Commendable Outcome	Outcome situated between 8.8 OU (positive indicator threshold) and 30.2 OU for positive indicators and between -8.8 OU (negative indicator threshold) and -30.2 OU for negative indicators.
Desirable positive score	Scores above 0.0 OU for positive indicators.
Desirable negative score	Scores below 0.0 OU for negative indicators.
Middling Outcome	Outcome situated around 0.0 OU (the basal outcome), between 8.8 OU (positive indicator threshold) and -8.8 OU (negative indicator threshold).
Negative change	Change that occurs in the direction of decline (i.e., lower scores for positively scored questions and measures and higher scores for negatively scored questions and measures).
Negative Indicator	Individual Distress, Workplace Distress, and Excessive Workplace Demands.
Odds ratio	The ratio of the percentage of possible responses endorsed and the percentage of possible responses not endorsed for a particular item or measure.
Outcome Units (OU)	Scores produced from the calculation of the logarithm of item endorsement odds ratios.
Outstanding Outcome	Outcome situated above 30.2 OU for positive indicators and below -30.2 for negative indicators.
Positive change	Change that occurs in the direction of improvement (i.e., higher scores for positively scored questions and measures and lower scores for negatively scored questions and measures).

Positive Indicator	Quality of Work Life, Individual Morale, Workplace Morale, Supervisor Support, Participative Decision-Making, Role Clarity, Peer Support, Appraisal and Recognition, Professional Growth, Goal Congruence.
Undesirable negative score	Scores below 0.0 OU for positive indicators.
Undesirable positive score	Scores above 0.0 OU for negative indicators.
Threshold	The point at which something begins or changes. For the MO-Index an outcome of at least 8.8 OU is the threshold at which scores are described as "Commendable". An outcome of -8.8 OU is the threshold at which scores are described as "Challenges".



Appendix A

Description of the Survey Questionnaire

Biographical Data

The following information was collected from the first section of the survey:

- Gender
- Age
- Aboriginal or Torres Strait Islander status
- Non-English speaking background status
- Length of time in current position and at current location
- Current employment status
- Current classification
- Work location
- Highest level of education
- Supervisory responsibilities

The next section contained two measures from QPASS. These included Individual Outcome and Organisational Climate.

Individual Outcome

Workplace conditions can have a direct individual effect on staff, and will either enhance positive (enthusiastic, proud, cheerful) or increase negative (tense, unhappy, and even depressed) feelings.

Variables in this measure include:

- **Quality of Work Life** (6 items) – Conditions of life at work are excellent; giving everything important that might be wanted.
- **Individual Morale** (7 items) – Feeling positive, proud, cheerful, and energised at work.
- **Individual Distress** (7 items) – Feeling tense, afraid, unhappy, anxious, negative, uneasy, and depressed at work.

Organisational Climate

Variables in this measure are either positive or negative. Some situations enhance feelings of enthusiasm, team spirit, empowerment, and job satisfaction due to positive management styles, clear roles, professional development opportunities, and interaction. However, some situations are negative in that they cause distress in the workplace.

Variables in this measure include:

- **Workplace Morale** (5 items) – Staff show enthusiasm, pride in their work, team spirit, and energy.
- **Supervisor Support** (5 items) – Managers are approachable, dependable, supportive, and they know the problems faced by staff, and communicate well with them.
- **Participative Decision-Making** (4 items) – Staff are asked to participate in decisions, and are given opportunities to express their views.
- **Role Clarity** (4 items) – Expectations, work objectives, responsibilities, and authority are clearly defined.
- **Peer Support** (7 items) – Acceptance and support from others, with involvement, sharing, good communication and help when needed.
- **Appraisal and Recognition** (6 items) – Quality and regular recognition and feedback on work performance.
- **Professional Growth** (5 items) – Interest, encouragement, opportunity for training, career development and professional growth.
- **Goal Congruence** (5 items) – Personal goals are in agreement with workplace goals which are clearly stated and easily understood.
- **Workplace Distress** (5 items) – Staff feel frustrated, stressed, tense, and anxious and depressed about their work.
- **Excessive Work Demands** (4 items) – Staff are overloaded with constant pressure to keep working, leaving no time to relax.

Trust in Leadership and Organisational Management Practices Measures

- **Workplace Health and Safety** (5 items) – Indicates the extent to which staff agree that procedures are committed by management to ensure staff are free from risk of injury, illness and individual harm caused by workplace activity.

- **Work Area Management Practices** (9 items) – Indicates the extent to which staff agree that policies and practices with regards to work, performance, recruitment and selection, and training are fair and adequate.
- **Trust in Leadership - Immediate Supervisor** (10 items) – Indicates the extent to which staff trust the leadership of immediate supervisor through behaviours that describe openness and integrity in communication and interaction, support, and fairness.
- **Trust in Leadership - Senior Manager** (6 items) – Indicates the extent to which staff trust the leadership of senior manager through behaviours that describe openness and integrity in communication and interaction, support and fairness.
- **Trust in Leadership - District Executive/Division Executive** (6 items) – Indicates the extent to which staff trust the leadership of district executive through behaviours that describe openness and integrity in communication and interaction, support, and fairness.

Two measures apply to subgroups of respondents.

For a subgroup of respondents who manage others, the following measure applies:

- **Support for Managing Others** (4 items) – Indicates the extent staff agree that they have the appropriate skills and the support to manage staff performance.

For a subgroup of respondents who work in a clinical environment, the following three measures apply:

- **Clinical Communication** (5 items) – Indicates the extent staff agree that there is bidirectional information, both verbal and documentation, for them to do their job.
- **Clinical Management Practices** (7 items) – Indicates the extent to which staff agree that there are adequate procedures and systems to support clinical work.
- **Multidisciplinary Team Support for Patient Care** (4 items) – Indicates the extent to which staff agree that multidisciplinary teams support patient care.

Additional Measure in April 2008

The new measure applies to all respondents.

- **Employee Engagement** (5 items) – Indicates the extent to which staff have a positive attitude, pride and belief in the organisation, feel enabled to do well, are willing to behave altruistically, be a good team player, and see the bigger picture.

Appendix B

Reliabilities of Measures

The following tables present the internal consistencies of all the measures as computed by Cronbach Alpha (α).

Individual Outcome	α
Quality of Work Life	0.92
Individual Morale	0.93
Individual Distress	0.91
Organisational Climate	
Workplace Morale	0.88
Workplace Distress	0.87
Supervisor Support	0.89
Participative Decision Making	0.85
Role Clarity	0.79
Peer Support	0.87
Appraisal & Recognition	0.91
Profession Growth	0.85
Goal Congruence	0.80
Excessive Work Demands	0.83
Trust in Leadership and Organisational Management Practices Measures	
Employee Engagement	0.74
Trust in Leadership - Immediate Supervisor	0.96
Trust in Leadership - Senior Manager	0.96
Trust in Leadership - District Executive/Executive	0.95
Work Area Management Practices	0.90
Workplace Health and Safety	0.70
Support for Managing Others	0.68
Clinical Communication	0.86
Clinical Management Practices	0.76
Multidisciplinary Team Support for Patient Care	0.76

Note. An alpha (α) of .7 is usually regarded as acceptable.

Appendix C

The Domains of Comments in the 15 Themes

The subjects of comments made by respondents have been listed below under 15 themed headings.

Workplace conduct and behaviours

- bullying/harassment
- Code of Conduct
- fairness/equality
- favouritism
- honesty
- morale
- racism
- respect from co-workers
- staff accountability
- stress
- support for co-workers

Communication practices

- communication
- confidentiality
- staff meetings
- participative decision-making

Employment conditions

- access to leave/holidays
- more work hours
- need permanent contracts
- paid overtime/TOIL
- part-time/job sharing
- pay levels
- sick leave
- work/life balance

Workplace functioning

- co-ordination among work units
- paperwork/bureaucracy
- shared workload
- shifts/rostering
- teamwork/teambuilding
- work duty clarification
- workload
- workplace system functioning

Rural/remote issues

- rural/remote

Recruitment, retention and career pathway processes

- English-speaking doctors
- nepotism
- promotion
- recruitment process
- retention
- work appraisals/PAD

Leadership skills

- leadership
- holding to account
- listening skills
- nepotism
- support for management
- support from management
- teamwork/team building
- transparency (personal integrity)
- trust for management
- management out of touch

Management practices

- management of staff behaviours
- feedback from management
- management competency
- managers need work appraisals/PAD

Organisational structure issues

- planning/policy making
- QH culture
- resources/budgets
- top heavy/too much management

Questionnaire

- comments regarding survey

Recognition

- encouragement
- recognition of skills
- recognition of work
- respect from superiors
- rewards/incentives
- social events
- staff valued

Staffing

- appropriately trained staff
- backfilling
- more staff
- rostered skill mix

Training and professional development

- mentoring
- training/professional development
- management training

Infrastructure issues

- accommodation
- child care facilities
- computers/internet access
- equipment
- more beds
- parking
- patient care/safety
- security for night shift
- staff canteen
- staff gym/health facilities
- WH&S
- workspace hygiene
- workspace/buildings

Public/Patients

- community/public education
- harassment by patients
- respect towards staff